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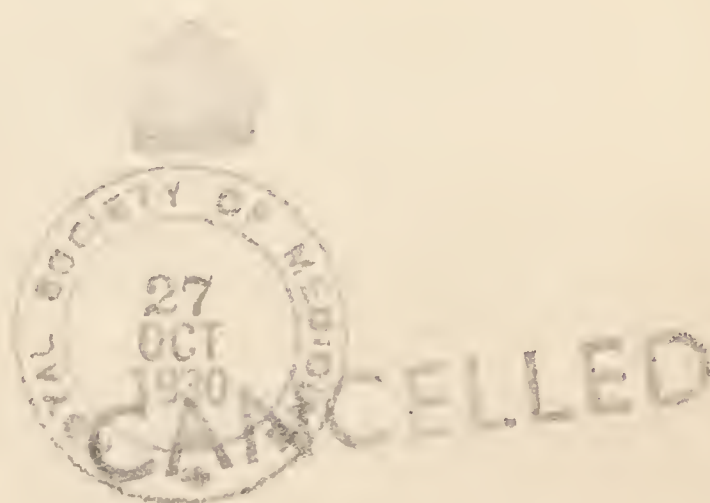
REFLECTIONS, REMINISCENCES AND  
REVELATIONS OF A MEDICAL MAN

By DR. ERWIN LIEK

SURGEON OF DANZIG

TRANSLATED AND INTRODUCED BY

J. ELLIS BARKER



LONDON

JOHN MURRAY, ALBEMARLE STREET, W.

1930

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*First Edition* . . . 1930

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## PREFACE TO THE FIRST EDITION

IT is not my intention to discuss in this book the tasks and aims of the medical profession from the historical or philosophical points of view. That has been done often enough by able men and able writers. Besides, the position is far simpler in the art of healing than in any of the other arts, such as the art of painting and poetry. If we inquire what is the task of the physician there is the reply. It is the task of the physician to heal the sick. Hence we cannot be surprised that the great physicians of all times have insisted on this great verity. If we read the writings of Hippocrates and Paracelsus, which to-day are more worth reading than ever, or if we read the great works of Virchow, Billroth's *Letters*, Kussmaul's *Reminiscences*, etc., we find merely variations of the old tune. Hippocrates told us : "The physician's one and only task is the task to cure the sick." Hahnemann's *Organon* begins with the words : "The physician's high and only mission is to restore the sick to health, to cure, as it is termed." Neunyn wrote : "It is so obvious that the task of the physician consists in healing the sick that I cannot understand why that simple fact is repeated over and over again."

I would now outline my task and aim. Although the doctor's task has always been the same, the possibility of curing has changed considerably. We are, perhaps, not altogether justified in referring to healing as one of the arts, as I have done in the preceding paragraph. The true physician is certainly an artist, but he is not exclusively an artist. From the time

of the most distant antiquity, theology, witchcraft, mechanical knowledge and science have been closely interwoven. Krehl has truly remarked: "The physician is not a scientist, not an artist, not a mechanic, but is a physician. His occupation has much in common with that of the scientist, artist and mechanic, but his aim is an entirely different one, for it is entirely devoted to the service of the individual."

If we study the history of medicine we find a continual change in medical thought and in medical practice. The picture of the physician changes from century to century. No physician, not even the greatest, is free from the influences of the period in which he lives. If the greatest medical geniuses are children of their time, the mass of us doctors are still more influenced by the views and circumstances which surround them, and we drift with the current into which fate has thrown us.

It is the object of this book to give a critical survey of modern medical activities and practices. It is an attempt to ascertain whether, and in how far, we doctors have fulfilled the task before us. The ever-increasing stress of the struggle for the daily bread gives us very little time for thought and self-criticism. In the rare moments which we devote to the contemplation of our activities we are only too often horrified and depressed because we notice the abyss which separates the ideals with which we have entered our profession, the high ideals connected with the doctor's mission, and the sordid realities of our daily task.

Thoughts of this kind occupied me when I was a student and they have come to me again and again during the last few decades. These thoughts might be called heretical because they are in opposition to current ideas, to the many ideas which receive the highest official patronage. The great majority of us doctors probably admit that in current medical prac-



tice there is much to be found which is opposed to the true character of the physician. Only we do not agree in our views. Some consider the contradictions of life inevitable and see in the medical shortcomings a defect of no particular importance ; others, and they are not few, find consolation by philosophizing ; others, again, suppress the voice of their medical conscience and try to make as much money as possible ; others, again, feel that they cannot keep silent in view of the great wrong that is being done, and they write a book, such as the present volume.

This book is a book of criticism and a challenge. At no time of my life has the idea what Protestantism means been so clear to me as during the time when I was evolving the ideas expressed in these pages. Of course, Protestantism is a word which has nothing to do with theology. It merely characterizes a state of mind. However, it may be doubted whether a strong critical faculty is an advantage to those who possess it, exactly as high intelligence rarely makes for happiness. He who possesses these gifts has usually to pay very dearly for them.

*The guiding idea expressed in this book is to be found in my laying stress upon the vast difference which exists between the physician properly so-called and the mere medical practitioner.* Unfortunately that difference is becoming smaller from day to day, to the disadvantage of the sick and of medical men themselves. With full consciousness of what I am doing, I am criticizing the medical practitioner and praising the physician, and I am prepared to find that some of my readers may think that I have judged harshly and perhaps unjustly. That cannot be helped. I mean to use strong colours. The light will be very light and the shadows will be very dark in this book. There will be no hazy mixtures of the two.

The critical investigation of a great profession is

apt to raise enemies to the writer. As Lichtenberg has said: "One cannot carry the torch of truth through a crowd without singeing some people's beards." When, some years ago, I ventured to express thoughts regarding surgery, which is my speciality, thoughts which differ materially from the predominant views in various writings, such as "The Mistakes of Surgery" in the *Archiv für Klinische Chirurgie*, Vol. 128, 1924, I experienced much hostility, particularly from specialists and scientific researchers. However, general approval or dispraise do not matter. I have never been a democrat, and I have never believed that value need be attached to the opinion of the crowd. Humanity has never been advanced, except by individuals here and there who were willing to fight against an overwhelming majority.

I have a great advantage over many learned writers in this, that I am independent. This book has not been written in the hope of reward or gain. This volume will scarcely be a financial success and go into several editions. (The author was mistaken. About 30,000 copies were sold and the book went into seven editions.—Note of the Translator.) I am not eager for titles and do not seek a salaried position. I mean to be nothing more and nothing less than a medical man. I need not consult anybody's wishes. The only voice which I listen to is that of my conscience. Some time ago I wrote the phrase that "frank criticism is more easily expressed in a humble cottage than in a palace." That is still my idea. An independent mind can most fruitfully act outside the official temple of medical science.

In this volume, which is meant to serve truth—of course the idea of truth is a subjective one—I shall endeavour to be neither bitter nor unjust. I have no cause to be either. If I wrote that books like the present one are likely to raise up many enemies I



was perhaps too sweeping. Some of my essays, such as "How the Soul of Medical Science is Being Ruined" and "The Physician and the Health of the People," have brought me so many expressions of goodwill and approval that I hope that this book will create not only enemies but also friends who will utilize the ideas expressed in it.

I think I ought to mention that although in my paper "How the Soul of Medical Science is Being Ruined" I had sharply criticized the leaders of medicine in Germany, I referred, of course, only to the scientific demigods of the Medical Olympus, not to the German professors of medicine for whom I have the highest respect. I hope I have not been misunderstood. The true medical scientists whom I worship as scientists and still more as physicians, and whom I have worshipped since the days of my youth, have given me their support and have not misunderstood my aims. Besides, I know that I have among medical men many supporters who entirely share my views. My book is addressed to them in the first instance, and I have put into plain words the very thoughts which most of them have been carrying within them.

I conclude this Preface with a final thought which forces me to sit down at my writing-desk after a hard day's work. The events and developments which we notice day by day must convince most men and particularly most doctors endowed with an open mind and acquainted with the history of mankind, that our civilization is in a process of rapid and inevitable decline. It is true that at all times in the world's history pessimistic ideas of this kind have been expressed. They were not always justified. Let us, therefore, limit our view to our own profession, to the profession of medicine, to the art of healing. I hope to demonstrate that the medical profession is going down, notwithstanding the striking progress



made in some directions. I mean to show that the medical practitioner overshadows the physician and threatens to overwhelm and destroy him. If my view is correct, it seems to me necessary that we doctors should not allow our degradation to take place without resistance. It seems necessary to oppose the ever-repeated official statement about the wonderful advance of medicine and to give voice to views which are concerned with things fundamental. One must not be blinded by appearances, by first sight impressions.

Perhaps the historians of the future will value this book as evidence that superficiality and unjustified optimism were not universal among medical men of the present time. I am not animated by a barren pessimism. In the life of states and of peoples nothing is stationary. Change is eternal. Rise and decline take place side by side. However, although great changes are taking place and have always taken place in the art of healing, the mission of the doctor should not be influenced by them. We doctors come and go, and our views change from generation to generation, but the physician remains and his star cannot be obscured as long as the earth remains populated by mankind.

## PREFACE TO THE SEVENTH EDITION

(28TH TO 31ST THOUSAND)

A FEW days ago I was reading a book by Paracelsus in which I found the words : “ A doctor must not be an old woman, but a true man.” The meaning is clear. It is a wicked and useless cruelty to tell the naked truth to a hopeless and incurable invalid. No doctor must do it. But the doctor must tell the truth and the whole truth to himself, and he must be absolutely truthful towards his colleagues and towards the people.

If we look around we find that the masses of the people are being demoralized and corrupted by Socialist legislation and social policy falsely so called and we find that the formerly independent doctors are being degraded and are being converted into minor officials under the Ministry of Health. In view of the changes which are taking place, both among the people in general and among the medical men, one cannot help feeling that we doctors would have acted more wisely had we fearlessly proclaimed the truth within our hearts when there was the need instead of keeping silence. We ought then to have warned the people of the dangers which now threaten to overwhelm them.

During my few leisure hours I like to glance through my correspondence files and to read the numerous letters which I have received from medical men of every kind, from great scientists and university professors to struggling medical practitioners in the

country. Many of my correspondents take as pessimistic a view of the present state of affairs as I do, and some are even more pessimistic than I am. However, at the end of these letters supporting my views I always find the identical phrases: "Please make any use you like of the facts and data I am sending you, but do not, on any account, mention my name in print. I am dependent on my salary, or I must not endanger my career as university professor, or I and my family live on the panel practice which you so rightly criticize." The fears of these men are understandable. They are afraid to open their mouths. It seems to me all the more important that some doctors should be left who are fearless enough to proclaim the truth, however unpalatable it may be.

I have not made many changes in the seventh edition although I have received masses of letters and of materials which I would gladly have embodied in this book. However, I do not wish to enlarge it into a ponderous volume. I imagine that this seventh edition will bring me many more messages of support from some and many further attacks from others. Hostile criticism is healthy and wholesome. I am quite sure that my enemies have done me more good than my friends. They have caused me to apply the sharpest criticism to myself.





## INTRODUCTION

BY J. ELLIS BARKER

**D**R. LIEK'S book is by far the most successful medical book of modern times. It was published in Munich in summer, 1926, and in the course of three years no less than 30,000 copies were sold in impoverished Germany alone. It has been translated into all the principal languages, even into Russian. It owes its great success not to sensational disclosures, but to true, sterling merit. Dr. Liek is not a medical journalist and pamphleteer, but an earnest, busy, studious and highly successful surgeon—in Germany every surgeon bears the title doctor—and he is at the same time a man of scientific eminence. He has published more than 150 important scientific papers and articles in the great professional periodicals of Germany where his contributions on surgical and medical questions are highly welcome.

Many literary men endeavour in vain to produce a sensational book, a "best-seller." That was not Dr. Liek's aim in writing *The Doctor's Mission*. To him we can apply the Biblical words: "Out of the abundance of the heart the mouth speaketh." In the preface to the first edition Dr. Liek sadly remarked that unpalatable truths are unwelcome, that his conscience urged him to write, that the book would certainly raise him many enemies and that it would probably be a literary failure, stating: "This volume will scarcely be a financial success and go into several editions." The book was written from a sense of

duty, and no one was more surprised than the author when it went into seven editions and became a best-seller.

I am not a professional translator. Translating books is deadly drudgery. I have translated Liek's volume as a labour of love exactly as Goethe, with whom, of course, I do not intend to compare myself, translated some plays of Shakespeare and the Memoirs of Benvenuto Cellini. Liek and I are congenial souls. He read my book *Cancer, How it is Caused, How it Can be Prevented*, published in 1924, and wished to translate it because it expressed his own views. However, a translation had already been arranged for with Dr. Von Borosini. When he saw my second cancer book, *Cancer, The Surgeon and the Researcher*, he was enthusiastic about it, asked me to let him translate that volume, and sent me his own book. I was greatly impressed by the value of his work, and Dr. Liek and I have been translating one another's books, prompted by sheer idealism.

Unpleasant truths are not liked, even if they are expressed with the most scrupulous fairness and moderation. Although Liek has understated the case, his courageous revelations regarding the failure of modern medicine, of surgery and of modern medical-scientific research have aroused the hostility of the organized medical profession and of the researchers of Germany. At first the German leaders of medicine and of research endeavoured to kill the book by silence. When the policy of "totschweigen" proved unavailing, when it was found that the book was creating a sensation among laymen and was widely reviewed in the lay press, Liek was attacked with vehement hatred, contempt and vituperation by medical journalists and others and he was branded as a traitor to the medical profession.

The great medical pioneers of all times have been



attacked with passionate hatred by their small and small-minded contemporaries. Harvey, the discoverer of the circulation of the blood, Sydenham, the English Hippocrates, John Hunter, the greatest anatomist, surgeon and physiologist of his time, Jenner, Auenbrugger, Laënnec, Semmelweiss, Hahnemann and many others were treated as madmen, humbugs, swindlers, or criminals by their colleagues, but now the medical profession raises monuments to these martyrs of contemporary professional malice. In every age eminent medical men, true healers by the grace of God, have recognized and proclaimed the failure of the art of healing as practised by the rank and file of their time in accordance with the teaching of the schools.

Unpopular truths must be suppressed at any cost. Medical journalists may try to depreciate and destroy this book by telling readers that Dr. Liek's revelations apply only to Germany, that things are different in English-speaking countries, that, therefore, no one should read his book. I wish to forestall this argument and would say that Dr. Liek's disclosures apply fully to England, the British Dominions and the United States.

The great Sydenham wrote : " The sick man dies of his doctor." Similar condemnation of contemporary orthodox treatment was expressed by many of the most eminent physicians and surgeons of modern times. Sir Robert Christison, who died in 1882, the greatest authority on *materia medica* of his time, wrote :

" There has been no want of new remedies introduced during the last forty years. Some of these have stood the test of time, but these are nothing to the incalculable mass of rubbish, the offspring of delusion or of imposture, which have been proposed year after year, only to be forgotten after a brief season of unreasonable popularity."



Sir Astley Cooper, a president of the Royal College of Surgeons, stated :

“I scarcely ever enter these wards because patients are compelled to undergo so infamous a system of treatment that I cannot bear to witness it. . . . The present treatment of patients is infamous and disgraceful, for their health is irremediably destroyed. The art of medicine is founded on conjecture and improved by murder.”

Dr. Mason Good, a distinguished medical author, wrote :

“The science of medicine is a barbarous jargon and the effects of our medicines on the human system are in the highest degree uncertain, except, indeed, that they have destroyed more lives than war, pestilence and famine combined.”

Dr. Oliver Wendell Holmes, who was equally great as physician and as a literary man, wrote :

“If all drugs were cast into the sea, it would be so much the better for men, and so much the worse for the fishes.”

Dr. C. W. Hufeland, the most eminent German physician and medical writer of his time, stated :

“My opinion is that more harm than good has been done by physicians, and I am convinced that, had I left my patients to Nature instead of prescribing drugs, more would have been saved.”

Similar views were expressed by many leading physicians and surgeons down to Sir James Mackenzie and Sir Arbuthnot Lane.

Dr. Liek is an eminent surgeon and an original thinker who has advanced surgery in many directions. Consequently his views on surgery command respect. He wrote :

“To operate is as a rule a purely mechanical affair which only needs a good mechanic. The refusal to operate is an

achievement which calls for the finest diagnosis, the most careful consideration of all arguments for and against intervention, the severest self-discipline and the most highly developed power of observation."

"If we leave out of consideration operations made for fees alone, assuming that they are only a small and insignificant percentage which may be overlooked, the fact remains that a large number of operations are superfluous. It is difficult to estimate the percentage of unnecessary operations, but I think I am safe in stating that they form more than half of the total."

These sentences were greatly resented by the German surgeons, who charged Dr. Liek with exaggeration, mendacity and treason to the profession. However, with his usual fairness, Liek has greatly understated matters. One of the leading English surgeons told me that in his opinion about 90 per cent. of all operations were undertaken not for the good of the patient but for fees. At the same time he pointed out to me that since the War the number of unnecessary operations had increased enormously because during the War thousands of doctors had been taught how to operate on the wounded, had become surgeons and most of them were totally incompetent and a danger to the public. He told me that they had become surgeons not from inclination but through an accident, and that they had not gone back to medicine because they wished to obtain the high fees which competent surgeons receive for operations. Dr. Liek has dealt very fully with the scandal of unnecessary operations in numerous professional papers. He wrote in *The Doctor's Mission* :

"If surgery wishes to preserve its prestige, it will have to evacuate territories which it has invaded without adequate justification. I am thinking particularly of the surgical treatment of the vast number of neuroses. The time is past when medical men were simple-minded enough to look on and approve when the surgeon was recklessly cutting up living human bodies according to his fancy, separating one



organ from its natural support, giving another organ an artificial support by stitching it up, and cutting out a third. Thousands of beds at hospitals would become free for the sick and half the scientific papers and articles would remain unwritten if the leading surgeons would make up their minds to look upon disease not from the point of view of the mechanic, but from that of the physician and if they would refuse to treat neuroses with the knife."

The scandal of unnecessary operations is particularly great in the realm of gynecology. Every year thousands of unfortunate women are maimed, mutilated and ruined for life without need, and from year to year the number of victims sacrificed to the modern operation mania is increasing. The late Dr. Thomas Skinner, the favourite pupil and resident assistant of Sir James Simpson, the greatest gynecologist of his time, protested in his book on gynecology, published in 1903, against "the fearful tide of revolting mechanical and surgical treatment of the diseases of females now established, which is one of the greatest medical scandals of the age." He stated :

"As I have now been a specialist in the diseases of females since 1855, no one will deny my right, from ample experience and opportunity, to be heard on this momentous subject. I give it as my opinion, after years of special practice, that ulceration of the os and cervix uteri is not only a rare affection, but, when it does exist, it is much more generally confirmed, if not aggravated, by astringent or caustic treatment. It is my candid opinion that the vaginal speculum has made more ulceration than it ever cured; and it has discovered a thousandfold more than ever existed. Floating kidney is one of the rarest of pathological states or conditions, yet 'we all have floating kidneys.' I will warrant that ninety-nine cases out of a hundred are an error in diagnosis, or a willing and intended mistake, made for sinister purposes.

"Chloroform was discovered by Sir James Simpson in 1847, and, were it not for the discovery of that wonderful anæsthetic, these operations for appendicitis and floating kidneys, and 'spaying' of women would never have been heard of, or tolerated by, the profession or the public. Unfortunately there are needy men in the profession who must



live. Constitutional treatment alone is all that is necessary for the successful treatment of all mammary, vaginal, uterine, ovarian and pelvic disease and local treatment is not only unnecessary, but very frequently hurtful and not devoid of danger, to say nothing of its revolting character."

Since the time when these words were written the "fearful tide of revolting mechanical and surgical treatment of women" has swelled beyond conception. Dr. Bernard Aschner, the eminent gynecologist and surgeon of Vienna, wrote in his book *Die Krise Der Medizin*, published in 1928 :

"In going through the hospitals and clinics for women one is struck by the fact that the female uterus is apparently looked upon as a malignant growth and that it seems to be the principal object of modern gynecology to extirpate it by the most scientific methods.

"The castration of relatively young women is effected at numerous clinics for women throughout the world on the plea that many women experience no disturbances, or only minor ones, of their health in consequence of the destruction effected. The advocates of this form of treatment overlook the fact that the damage done by it may become apparent only after years and possibly only after the change of life, and that it may assume very serious forms, such as very high blood pressure, severe chronic gout, heart disease, etc.

"I would give a characteristic example : A lady 43 years old had her uterus extirpated because she had some insignificant tumours. She is a highly intelligent woman and she told me that before the operation she had enjoyed perfect health, and practised vigorous sports of every kind with keen zest and energy, and had never been aware that she possessed a heart or a head. During the first year following the operation she was tormented by absolutely maddening headaches and an unbearable migraine, and to-day her maddening headaches are as great as ever, although ten years have passed since the operation. In addition she has during the last few years been suffering with heart disease and there have been rheumatoid developments, causing her fingers to swell to double their normal size. The patient has been forced to appeal for relief to physicians, nerve specialists, etc., but the gynecologist who extirpated the uterus denies that there is any connection between the operation and its consequences."

I can confirm from my own knowledge that the extirpation of the uterus and ovaries is frequently followed by the physical and mental ruin of the women operated upon.

I am not a medical man, but am the son of an eminent physician. I am deeply interested in the art and science of healing, and I am particularly interested in disease prevention. Having written a number of highly successful books on medical subjects, thousands of sick people have written and come to me asking me for my advice. The great majority of these people were pronounced incurable by doctors and leading specialists, and thus I have obtained possibly a greater insight into medical and surgical actualities than any layman living. My correspondence files are filled with documentary evidence of the greatest interest and importance. Unfortunately I can fully confirm the charges made by Drs. Liek, Skinner, Aschner and many others regarding superfluous operations in general and gynecological operations in particular. Scores of women have come to me who have been mutilated with callous recklessness without need, who were promised health by their surgeons but who were made cripples for life. Scores of men and women have come to me in the hope of escaping a great operation which leading specialists had pronounced to be urgent and absolutely inevitable. I would give a few examples out of many and would say that most of the cases would readily give evidence before any impartial tribunal, or allow me to publish the correspondence. On the 5th March, 1928, Miss A. G. wrote to me :

“I am advised by the doctors to have my gall bladder removed. They say that, owing to a certain malformation, there is a deposit in it and it can only be cured by an operation. I would like to avoid the operation. I have had the pain for five years. I am told that if I do not have the opera-



tion, I shall go from bad to worse and become a nervous wreck, as the continual pain will wear me out."

I met the lady. She was deeply jaundiced, looked very ill, and the pains in the gall bladder were so severe that she could walk only doubled up. She told me that her spine had become crooked in consequence of her illness. I had seen some cases in which extirpation of the gall bladder had led to recovery and others in which that operation, made for several hundred guineas by leading surgeons, had led to permanent invalidism. Miss A. G. told me that not one of her professional advisers had made inquiries, or given her any advice, as to diet, excretions, etc. She was a typical case of auto-intoxication. Without examining her, I regulated her diet, eliminated her auto-intoxication and gave her a few harmless herbal and homœopathic remedies. Within a week she improved. In a few months her gall bladder trouble disappeared, her spine became straight and now she feels better than she has ever felt in her life, looks ten years younger and walks upright with an elastic step.

About the same time a married lady, 56 years old, came to me complaining about a growth in the bowel near the exit. There was cancer in her family. Her sister had died of that disease. Her doctor and a surgeon who had been consulted had urged immediate colotomy. She and her husband wished to avoid that ghastly operation and the filthy arrangement of an artificial outlet in front of the abdomen, closed by an unreliable stopper. The surgeon had told her that, unless the operation was done immediately, a complete stoppage of the bowel might ensue and the date of operation had provisionally been fixed. I suggested that she might care to try more gentle treatment, that, in the event of complete stoppage occurring, an operation giving her relief might be



performed at any moment. She agreed. That was a year ago. This lady also suffered from pronounced auto-intoxication. She adopted a blood-purifying diet, was given some gentle herbal and homœopathic remedies, her bowels have ever since functioned two or three times a day, she has gained weight, strength and a good colour, and the large tumour has disappeared.

Mrs. E. F., 46 years old, living in the provinces, wrote to me on the 25th November, 1928 :

“ I have been informed I have a fibroid tumour on the womb, and that there is no medicine that is any benefit to me for such a growth, and as I am determined not to be operated upon, there the matter rests. I am certainly not troubled with constipation and never have been. I have always eaten a great deal of raw, fresh fruit, having lived in the heart of the country.”

I asked the lady to send me a photo as she was too ill to travel to London, regulated her diet in accordance with her requirements, sent her some simple medicines and she improved rapidly. On the 10th March, 1929, she wrote to me with delight :

“ I have gained  $4\frac{1}{2}$  lb. in weight and the tumour is much softer, but I could not say smaller. As to my appearance, I get this greeting from nearly all my friends : ‘ My word, you are looking a lot better.’ I have never let my trouble depress me and am determined to carry on and get well with your help.”

On the 4th April she reported :

“ I can scarcely feel the tumour at all. It seems about the size of an egg now. I can hardly realize it is not there and I feel an easy loose movement about my body which I have not felt for quite a long time.”

On the 13th April she wrote :

“ The size of the tumour was such that I could just about cover it with my hand, and it felt very hard and I used to feel a dragging sensation when I laid down and the pain at

times was so acute that I had no appetite and felt very sick, I do not feel anything of that now and I have had not the least sign of any discharge for two or three weeks."

On the 23rd April she stated :

"I am feeling in excellent spirits and my skin and lips are taking on quite a good colour. My appetite is very good and the tumour is very small indeed. In fact I can scarcely feel anything whatever. I have also gained another 1 lb. 4 oz. in weight and I feel better in all ways than I have done for years."

On the 2nd May the lady told me :

"I can scarcely realize the tumour has disappeared so far as I know. I can feel no lump whatever and have not the least discharge."

On 21st July she wrote :

"Since being under your treatment, my weight has increased from 8 stones 10 lb. to 9 stones 6 lb. I have had no return or sign of any of the old troubles and I feel perfectly well."

I wonder what would have happened to the lady if she had been operated upon. Happily her sound instinct rebelled against an operation.

Some time ago a Mrs. D. B. M. came to me complain of a fibroid uterine tumour. Her gynecologist had told her that an immediate operation was necessary. She was emaciated, sallow-faced and looked very toxic. She had been given a pessary, a large ring, which caused discomfort, irritated her inside and caused a flow of foul matter from the passage. Her condition rapidly improved under a suitable diet and on my advice she had the irritating, filthy and dangerous pessary removed. These ghastly implements are no doubt frequently responsible for cancer. In a few months she gained much weight, looked and felt many years younger and stronger and had lost all discomfort. I told her to go to her gynecologist and be re-examined. To her horror she was told that the tumour was as



large as ever and possibly larger. I then recommended her to obtain another opinion. A second gynecologist examined her very thoroughly. He could not discover the slightest sign of a tumour. Nevertheless, he also proposed an urgent operation, "to rectify the position of the womb." As she felt perfectly well, she very sensibly refused to undergo either operation.

Mrs. M. E. L. J., when a young woman, having had her first baby, was persuaded by an eminent gynecologist to have her womb stitched up. He had done the identical operation on many women, including his own wife. It would not prevent her having further children. The lady was about to have another child but the birth was unaccountably delayed. Careful examination revealed the fact that the "normalizing operation" made normal childbirth impossible. She had to be delivered by Caesarean operation. This happened twenty years ago and she has been a cripple ever since. I might quote scores of similar cases in support of Drs. Liek, Skinner and Aschner, cases which I could support with documentary evidence.

A number of women, having read one of my cancer books, have consulted me because they had been told that they were suffering from cancer of the breast and they wished to avoid an operation, declared imperative and urgent. Many women, and particularly many women suffering from auto-intoxication, develop lumps in their breasts which sometimes cause pain, and no expert can tell whether they are cancerous or not. In many cases the doctors send these women to surgeons. Surgeons, when seeing that condition, follow the maxim: "if in doubt operate," for an exploratory operation is dangerous. On many women, not suffering from breast cancer, an unnecessary, disfiguring and very expensive radical



operation is thus made, and if there is a cancerous disposition, it may be lighted up into activity by the surgical shock. Constitutional treatment, aiming at the purification of the blood and the stimulation of elimination of bodily impurities by the bowel, bladder, skin and vagina, often lead to the disappearance of these lumps, exactly as these measures lead not infrequently to the disappearance of uterine tumours. In a number of cases, rightly or wrongly diagnosed as cancer of the breast which have come to me, patients have been able to avoid an operation by adopting those safe and simple constitutional measures which ought to be known to every doctor and surgeon, but which are ignored by them.

Every year thousands of perfectly healthy female breasts, thousands of perfectly healthy gall bladders, thousands of perfectly healthy appendices, thousands of perfectly healthy wombs and tens of thousands of perfectly healthy tonsils are extirpated, and thousands of unnecessary operations are made for gastric and duodenal ulcer which usually can be cured by dieting. This state of affairs, as Dr. Liek has most convincingly pointed out, is a disgrace and a reproach to the medical profession, and these wanton operations are by no means confined to Germany. Liek has gone so far as to say, and not without justice, that the discovery of anæsthetics and antiseptics has been a disaster to humanity by causing millions of unnecessary operations which only too often are badly made.

Surgeons are responsible not only for sins of commission, such as those described, but for equally serious sins of omission. In 1928 a Scotch lady, Mrs. McF., visited me, asking me for my advice. She looked unwholesomeness personified. A year previously her left breast had been very extensively excised because of cancer and her surgeon had pro-

nounced her cured. Now she had a recurrence in the scar tissue, accompanied by new growths through the whole body. The breast operation had been carefully done by a man whom Dr. Liek would describe as "a good surgical mechanic, but not an operating physician." Neither her doctor nor the surgeon had told the unfortunate woman how she might protect herself against a recurrence of the disease by a suitable diet, etc. To my horror she informed me that she had been constipated all her life, that she went to stool once in a week and sometimes only once in ten days and that she lived principally on meat which putrefied in her stagnant bowel, poisoning her system. Timely regulation of her diet might have saved her life. She died in agony.

Dr. Liek, like John Hunter, Sir Arbuthnot Lane, and all the greatest surgeons, has the genius of the physician and takes a great interest in medical treatment. To him, as to all great surgeons, surgery is only the last resource, not the first remedy. He believes, with John Hunter, that surgery is a reproach to medicine, proclaiming the failure of the physician. Dr. Liek shows very fully that modern medicine is at least as blameworthy as modern surgery, that it neglects the great forces of Nature, that medical men treat their patients recklessly with fashionable, doubtful or utterly worthless drugs cunningly puffed by the manufacturers, and with dangerous dopes and serums, etc., which often cause disaster. He wrote :

"To men who are merely medical practitioners, and not true physicians, we owe all the things with which medicine is reproached, such as superfluous operations, medical fashions, among them the insane modern abuse of the subcutaneous syringe, the neglect of the great curative forces of Nature, the brainless treatment with the most recent and frequently quite unproved remedies, medical treatments of human beings based on laboratory experiments made with rats, mice, rabbits, etc."



Liek gives full details relating to the degeneration of medicine in Germany. Unfortunately the position is equally serious in English-speaking countries. The general practitioners are badly taught. They learn by rote "for heart disease give digitalis," "for psoriasis give arsenic," "for epilepsy give bromides," "for rheumatism give salicylates" and "cancer patients can eat and drink what they like and should be treated only with morphia, opium," etc. A doctor should not be an automaton. The standardized textbook treatments are absolutely worthless. Scores of desperate heart cases have come to me. All had been given digitalis, but not in a single case had digitalis produced a cure. Digitalis is a dangerous cumulative poison which relieves the patient for a time, but aggravates heart disease in the long run by undermining the constitution. Scores of patients suffering from epilepsy in some form or other have sought my advice. All of them have been treated with bromide, a drug which poisons body and brain and fills the lunatic asylums with epileptics made insane by medicinal means. Doctors administer hypnotics and sedatives of the most dangerous kind with utter recklessness. The *British Medical Journal* of the 18th May, 1929, contained a letter by a medical man, stating:

"The unfortunate and widespread habit of drug-taking has reached such an acute stage that it is surely time we should unite in order to lessen what may become a national curse. It is far from uncommon, for instance, to meet women who have been taking on medical advice, some drug, such as luminal, for months. These patients are, as a rule, in a hopeless state, both mentally and physically. The continued use of this and other drugs, like medinal, adalin, chloral, trional, veronal, etc., should never be prescribed without due thought and care. I have seen a large number of these cases which are slowly but surely approaching the 'borderline' through careless prescribing. Hence this letter."

General practitioners and even great specialists



are far too ready to relieve their patients with drugs destructive of body and brain. Sir William Willcox, the greatest English poison expert, has protested frequently against their abuse, and his contention in the press with Sir Maurice Craig, who defended their use, throws a powerful light upon modern methods of treatment.

Some months ago a clergyman's wife, a Mrs. W. A., asked me for advice about her husband. Eighteen months previously her husband had had a slight form of paralysis accompanied with pain. Ever since he had been kept under morphia given daily subcutaneously, accompanied by luminal, aspirin and so forth. He had been a healthy strong man in the past. Now body and brain had given way completely. The man had been poisoned through and through, but of course in the death certificate medical poisoning was not given as the cause. It is a misfortune that death certificates are written not by an independent medical man but by the doctor in charge who may be responsible for the death of his patient. Sydenham's saying, "The sick man dies of his doctor," is largely still true.

Fifty years ago Sir Lauder Brunton pointed out that salicylates, while relieving the pain of rheumatism, were likely to add heart disease to the original complaint. Nevertheless, doctors continue giving salicylates for rheumatism because the textbooks recommend it. Meanwhile scientists are discussing the great prevalence of heart disease following rheumatism and are searching for "the guilty microbe."

Skin diseases usually come from the inside and should therefore be treated from the inside. Nevertheless they are treated from the outside as if the skin led a life by itself, detached from the body. I have treated successfully a large number of psoriasis cases who during many years had in vain applied all

the poisonous washes and ointments known. A particularly interesting case was a case of xanthoma, an excessively rare and terrible skin disease, which is supposed to be associated with diabetes. I saw a young man suffering from that complaint. He told me that he had been treated by at least 40 specialists, that he had been demonstrated to medical societies, that he had an unquenchable thirst. Not one of the 40 specialists had asked him any questions about his diet. I discovered that he took a teaspoonful of salt with every egg, a teaspoonful of salt with every tomato, etc. He suffered from salt poisoning. His huge intake of salt produced corresponding thirst and profuse urination. Hence the diagnosis of diabetes. Commonsense may cure when science fails.

The use of poisonous washes and ointments in skin affections is dangerous. A young man sought my advice on account of progressive disseminated sclerosis, declared incurable. He had lost control over his muscles, dropped things from his hands, collapsed unaccountably, etc. An eminent specialist in Harley Street had declared his disease incurable and had prescribed no treatment. Eight years previously the patient had had some skin affection on his leg. His doctor prescribed zinc ointment and during eight years he had rubbed perhaps 20 lbs. of zinc ointment into his skin. I happened to know that zinc poisons the nerves and affects particularly the spinal cord. Exactly as the xanthoma case suffered not from xanthoma but from salt poisoning so the paralysis case suffered not from paralysis but from zinc-ointment poisoning. Suitable treatment rapidly led to improvement.

Dr. Liek criticizes severely not only the general practitioners of Germany because, like automata, they give salicylates for heart disease, arsenic for



psoriasis, etc., regardless of the evil consequences to the patients, but he criticizes as severely the great German specialists because they use the most dangerous remedies with absolute recklessness and treat alike all cases which come before them. Similar things happen in English-speaking countries. A considerable number of paralytics have sought my advice. A number of these had been treated by a well-known nerve specialist. Every case of paralysis handled by that specialist was treated with mercury ointment and with injections of 606, a treatment which would be justified only if paralysis was subsequent to syphilitic infection. However, none of the cases who came to me had had syphilis or had the slightest signs of inherited syphilis, and they repudiated with indignation the existence of a syphilitic taint in their families. Several young and charming women, such as Mrs. W. L. R. and Mrs. E. M. B., had thus been given mercury and arsenic poisoning in addition to paralysis. It is worth noting that mercury, if taken in excess, produces exactly the same symptoms and the same sufferings as syphilis. The specialist in question probably argues: "Syphilis is apt to produce paralysis. Therefore I treat all cases of obscure paralysis as if they were syphilitic." Such treatment is based neither on logic nor on commonsense. It is sheer quackery and the individual concerned should be expelled from the medical profession for poisoning his patients while charging high fees.

Great specialists, as Liek has rightly pointed out, are apt to take narrow views, and to run in blinkers. By the irony of fate Sir Frederick Treves, who devised the operation for appendicitis, died of appendicitis, and Sir James Mackenzie, the greatest heart specialist of modern times, died of heart disease. Both died avoidable deaths. Both lived unhealthy lives and were very toxic. If somebody had regulated their



diet and with their diet their bowels, both might have lived to an extreme old age. Mackenzie treated himself with digitalis, nitrite of amyl, etc., with drugs which are worthless, except for tiding a patient over an emergency, and which poison the system by their cumulative action. He might have been saved by discarding his drugs and cleansing his system.

Some heart cases have come to me in an extreme condition. Mr. T. W. B. wrote to me from Cornwall on the 2nd April, 1928, that he suffered from an enlarged flabby heart and a very high blood pressure. He was given up by the doctors, was 62 years old, weighed 17 stone 4 lbs., and was treated with digitalis for the heart, drugs to help his digestion, drugs to empty the bowels, drugs to procure sleep, etc. His case was desperate. He was so weak that his wife had to turn him round in bed. I took away all his drugs, reduced his food intake, gave him a suitable diet, brought his weight down to 13 stone and now the patient goes for walks of 10 to 12 miles at a stretch in the Scotch hills. He had been given only a few weeks to live when he came to me.

On 5th March, 1929, Mr. H. L. Q., a well-known City man, sought my advice. He was 61 years old, tall, had been a great athlete, walking 40 miles a day for amusement, but had become a victim to heart disease and bronchitis. He could no longer walk. During  $3\frac{1}{2}$  years he had been unable to put on his socks. He could hardly stagger from his car to my house. He told me that he was "kept alive" by digitalis, that he had consulted all the great experts on heart disease, that he had been given no dietetic advice except that he had been forbidden potatoes, from which he religiously abstained. It was a case of touch and go. I took all his drugs away, put him on a suitable diet and he recovered rapidly. He now can walk miles and he knows no longer that he

has a heart. An anonymous doctor attacked me in one of the papers on the 5th May, 1929. Mr. L. H. Q. immediately sent the following letter to the editor:

“I am (or was) a ‘heart’ case, complicated with ‘chronic bronchitis.’ For over three years I was under a leading heart specialist and my own doctor. By January of this year I could no longer dress or undress myself, or put on or take off my boots, or get into bed and lie down (with five pillows) or walk upstairs without resting continually, and this, although assisted. The least exertion prostrated me.

“My doctor told me early this year he could not do any more for me. I was as well as I should be. He advised me to keep on taking digitalis, to give up business altogether, to have a bed made up on the ground floor, and, when well enough to do so, to go abroad and live there permanently. I should not go out except in the warm weather. A fog would, he said, ‘kill me.’ I was to reconcile myself to the inevitable.

“With this sentence I went to my office on Monday to clear up things. By one of those queer accidents which *do* happen in real life, I heard that day by chance that a Mr. Barker had written an article in your paper, which my informant said referred to a case which seemed similar to mine. I had never heard of Mr. Barker, but as I stood to lose nothing by having a try in another direction, I wrote to him c/o your paper. He made an appointment with me and I am still under treatment by him.

“For some weeks now I have dressed and undressed unaided and stairs have almost ceased to trouble me. I get into bed as easily as when I was 50 years younger and I sleep 8 hours on end. My breathing is normal. I have even been out in fog without bad effect. I hardly know that I have a heart. My daily digitalis doses ceased the first day of my treatment, and I have religiously obeyed instructions as to diet, which are almost exactly contrary to all previous instructions. I put in 7½ hours work at the office daily.”

This letter was written on 6th May, after exactly two months’ treatment. Now Mr. L. H. Q. can run up 40 or 50 steps to his office.

Nutrition is the last thing considered by modern doctors, even in the case of tuberculosis where it is all-important. On 23rd July, 1929, Mr. G. E. W.



sent me a letter from a South Wales sanatorium in which he wrote :

“I am suffering from pulmonary tuberculosis and have been at this sanatorium for 3½ months. The diet here consists chiefly of—Breakfast : porridge, made from whole wheat, bacon, white bread, tea. Dinner : beef or mutton, preserved peas or beans, mashed potatoes, custard, made from custard powder and milk, stewed rhubarb. Tea : white bread, tea. Supper : rice pudding or soup, white bread, cocoa. I think you will agree that the diet is unsuitable. I am inclined to constipation.”

In the midst of summer, that poor fellow was fed on the most stodgy and constipating foods, including dried peas and beans, and custard powder was given instead of eggs. Wholemeal bread and fruit were not supplied and green vegetables and salad were lacking. Such sanatorium treatment is scarcely a boon to the poor.

Cancer patients, if inoperable, are told “eat and drink what you like” and their auto-intoxication is aggravated by that advice. If a man suffers from an ordinary boil, abscess or tumour he is told by his doctor : “Live on a cooling diet and avoid meat, condiments, alcohol, and so forth.” When he suffers from the worst abscess or tumour, called cancer, no similar advice is given him to the disgrace of the medical profession. On the 21st February, 1928, Mrs. G. D. of Swansea sent me a despairing letter. Four physicians and surgeons at the hospital had examined her husband under an anæsthetic during several days and had told her that he suffered from inoperable cancer of the bowel and bladder and that he had not a week to live. Having read one of my books, she implored me to help him. The poor fellow could control neither bowel nor bladder and looked like a corpse. The wife was told that her husband could eat and drink what he liked. I sent him dietetic

directions and some mild herbal and homœopathic remedies and he is now fit and well and has regained perfect control of bowel and bladder.

His is by no means the only case of recovery from that disease. Of course, it may be argued that the diagnosis was mistaken. However, as there are on record thousands of spontaneous cures of undoubted cancer and hundreds of cases in which the diagnosis of cancer was based on microscopic investigation, it is quite possible that the diagnosis of cancer was correct in the case of Mr. G. D. and in other cases which I have handled. Hundreds of cancer patients have asked me for advice. As a rule, they come to me only in an extreme condition. Still, I have noticed that in practically every case improvement follows the regulation of diet and the use of the appropriate herbal and homœopathic remedies. Patients gain weight, lose their jaundiced looks, feel happy and hopeful and often die without the terrible sufferings usually associated with that disease.

Dr. Liek has commented bitterly on medical trade unionism from which he himself has suffered. In his chapter on quackery he deals sympathetically with those outsiders who are able to cure patients when orthodox medicine has failed. He rightly points out that many of the most important discoveries and innovations were introduced by non-medical men, by chemists such as Pasteur, and that laymen developed sanitation, hydropathy, massage, psychological treatment, open-air treatment, dietetic treatment, and so forth. He would like to see non-medical men able to cure treated generously by the medical profession. Because of his desire to cure by any means, orthodox or unorthodox, he has been called a quack's advocate. I can sympathize with Dr. Liek because of the hostility which I have experienced on the part of organized medicine. My book *Cancer, The Surgeon and the*



*Researcher*, although introduced by Sir Arbuthnot Lane in a foreword giving the highest praise to my work, was not reviewed by a single medical journal. As the experience of hundreds of cancer cases had shown me that cancer may be relieved in practically all cases and cured in not a few, even if it is declared to be inoperable and incurable, I wished to acquaint the medical profession with my methods of treatment and sent on the 29th January, 1929, the following letter to the editors of the *Lancet* and of the *British Medical Journal*:

“The firm of John Murray published two books of mine on cancer. Both were given a magnificent introduction by Sir Arbuthnot Lane, and you will see from the enclosed print that my ideas regarding cancer were endorsed by many medical men of standing, among them the late President of the American College of Surgeons, Dr. Albert J. Ochsner. By the bye, my last cancer book was not reviewed in your columns although you were sent a copy by my publisher.

“In consequence of my publications many cancer sufferers in an extreme condition asked me for advice. For a long time I sent them to doctors. At last my refusal to give advice was overcome by the entreaties of those who told me that their case was considered hopeless and incurable by physicians and surgeons. In practically all cases the sufferers were told that they could eat and drink what they liked. I regulated their diet and later added a number of homœopathic medicines.

“It will, no doubt, interest you to hear that *in the vast majority of cases* improvement began upon the dietetic change, the abandonment of the usual medication, and the introduction of some mild homœopathic remedies. In the vast majority of cases patients told me of striking improvement, greater happiness of mind, considerable gain of weight and strength, and their despair was replaced by hopefulness and confidence. Many of the cases, after continued improvement, died suddenly and apparently painlessly. Others have recovered.

“I think you will agree with me that a new method of treatment which gives striking relief in practically all cancer cases and which leads to a cure in some cancer cases is of the utmost importance to the suffering public and to the medical profession as a whole, and I imagine that you will gladly place at my disposal adequate space for explaining my methods

in spite of the fact that I possess no medical degree. The fact that my cancer books have received the highest praise of Sir Arbuthnot Lane and other eminent men should suffice to show that although I am not a 'qualified practitioner' in the technical sense, I am not unqualified by my studies and my actual experiences with cancer to explain in your columns my methods which have proved successful. I imagine that you will waive all minor considerations, considering before all the good of humanity. The present methods of treating cancer patients seem to me extremely faulty. That is obvious from the ever-rising cancer mortality and from the terrible sufferings of cancer patients, sufferings which, according to my experience, can be greatly relieved without the use of opiates, etc."

The editor of the *Lancet* did not reply at all, although my letter must have reached him, for it was registered. The editor of the *British Medical Journal* gave an evasive reply, recommending me to induce a medical man to read a paper on my methods of treatment before one of the learned societies. I replied :

"I have your note of yesterday, and think that your recommendation is not practicable. An address before a medical society has usually an audience of about twenty, the Proceedings of societies are read only by the few, and the address may be badly reported by the press. Besides, a new method of treatment is always best described by the individual who has given that treatment.

"I am sure you will agree with me that in view of the terrible sufferings experienced every day by the standing army of our 50,000 or more cancer patients, and in view of the very unsatisfactory treatment given, commonsense and common humanity demand that the methods which have proved successful in practically all my cases, and they are many, should be placed within reach of all medical men without delay, not before a few members of a medical society. I have no doubt that these arguments will prove convincing to you and that you will give me adequate space for a Letter to the Editor which, of course, does not commit in any way either the *British Medical Journal* or you personally. I think you will agree with me that measures which are bound to relieve cancer patients, measures which can only do good and which cannot possibly do harm, should be made known to all doctors without a moment's delay, and I hope to hear from you



promptly that you have reserved several columns in your next issue for a letter of mine.

“In conclusion, I would say that my last cancer book, which was not reviewed in your columns, is at present being translated into German, French and Dutch by eminent medical men. This fact should show you that I am not unqualified to deal with the subject of cancer.”

The editor of the *British Medical Journal* sent me an unsigned communication worded as follows :

“The Editor has nothing to add to the suggestion made in his letter addressed to Mr. Ellis Barker on January 21st.”

I suppose if an angel would come from Heaven and would inform the Editor of the *British Medical Journal* or of the *Lancet* that he had a cure for cancer, he would be asked for his credentials, and would not be listened to, not being a registered medical practitioner.

Dr. Liek's lengthy chapter dealing with social insurance as developed in Germany and copied in England and elsewhere is of particular interest and importance. A busy medical man who comes in touch with all classes of the population can offer the most valuable information on the benefit received and the damage done by the various insurance schemes. After discussing all the reasons for and against in full detail and after giving numerous illustrations from practical life, Liek sums up as follows :


“Insurance against accident destroys the will to work. Insurance against disease destroys the will to health. Old-age insurance destroys the instinct of thrift among the people.”

The chapter on racial health also is of very great value and it is to be hoped that *The Doctor's Mission* will be widely read in its English version. It has stirred up the mind of the people in Germany and it may stir up people's minds elsewhere.

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## CHAPTER I

### THE FIRST DOUBTS

I SHALL describe in the following pages many of my own experiences. That is only natural in this book. However, I do not care for the medical autobiographies published almost every day. Most of them are only too often documents of human vanity. To the man in the street it is a matter of complete indifference whether the writer has spoken at this or that congress, whether he has become a member of this or that learned society, etc. Nowadays it is no longer the case that reminiscences are published by men who have seen and achieved much. Men no longer publish their reminiscences long after their death. It is a spiritual treat to read Bismarck's *Reflections and Reminiscences*, the *Letters* of Billroth and Bergmann, the books of Neunyn and Strümpell. Matters are different in the series of medical biographies which have recently been published in Germany. I have read nearly all of them and only three of these have impressed me. One is oppressed by the idea that in the course of time hundreds of professors may publish their recollections and reminiscences with illustrations.

As I am a busy surgeon, belonging to the rank and file of medical men, I think I need not fear the charge that I have taken up the pen from motives of vanity. The experiences and impressions which I intend to put down are of a very ordinary kind, are events and impressions of an ordinary average doctor.

Thirty years ago I entered the temple of the god of healing. I was a very immature young man. I was not one of those enviable youths who map out their career in boyhood and who decide upon their profession while they are still at school. I chose to study medicine through chance. I was induced to take up this career after conversations with friends of mature years who had already entered professional life. They encouraged me to study medicine by telling me that if some branch of my studies, such as anatomy, should prove unpalatable to me, I would have every chance to change into another profession without loss of time. Two of my friends changed indeed in this manner. Happily I continued the study of medicine. If I should be given the chance to start my career once more, I imagine I should act differently when studying at the University. However, I should once more become a physician, in spite of all my disappointments.

The great surgeon Volkmann has written a delightful book of fairy tales, *Dreams and Fancies at French Firesides*, which grown-ups can read over and over again with pleasure and profit. One of the fairy tales is entitled, "The Three Sisters with Hearts of Glass," and it runs as follows :

"A nobleman's son wished to learn the art of the glazier. He went to a glazier and asked him whether he would engage him as an apprentice. 'Certainly,' the glazier replied, 'but you must serve an apprenticeship during four years. In the first year you will learn to fetch the bread from the baker, to wash, comb and dress the children and such-like things. In the second year you will learn the use of putty. In the third year you will be taught how to cut the glass and in the fourth year you may become a master of the craft.' Thereupon the boy asked whether he could not begin at the end, in the fourth year, which seemed to him a quicker way of learning the trade. However, the glazier replied that a respectable glazier should always begin at the beginning, otherwise he would come to a bad end."



During the years spent at the University I have often thought of this fairy tale. Perhaps I was wrong. Perhaps it is necessary for the budding physician to study the broad basis of medicine, physics, chemistry, botany, zoology, biology, comparative anatomy, normal anatomy and physiology. Formerly every medical student was compelled to study philosophy as well, and the omission of philosophy must be regretted.

I think of my teachers at the University neither with an overwhelming feeling of respect nor with hatred. My feelings are similar to those which I had for my teachers at the various schools which I visited before going to the University. I took perhaps a juster view of my teachers than most young men of my age because my father himself was a schoolmaster. As a growing boy, I saw every day how tremendously seriously my father took his profession. He prepared every lesson with the greatest thoroughness, and he felt to the full the responsibility of being an educator of youth.

Anatomy and physiology seem to me of particular importance for the young physician. My professor of anatomy was not a scientific celebrity but a man of fatherly kindness and a good teacher. However, we youngsters noticed very soon that he was terribly pedantical. Still we were too fond of him to hurt his feelings by laziness and ignorance, for he was eager to teach us.

My teacher of physiology was a very different man. He looked the typical scientist. He was a man with thin legs, so thin that one wondered whether they would be able to carry the weight of the body, especially as he had a huge skull. He had a high brow and his features were all intelligence. He was the author of numerous scientific papers and of a well-known textbook. He was an indefatigable researcher and student, who lived only for his work. Among other lectures he delivered a course entitled "Introduction into the

Higher Mathematics for Medical Men." At the first lecture there was an audience of twenty, but after the second or third lecture not one of the twenty was able to follow his arguments. The old gentleman wished to make his mathematical lectures attractive to his hearers, and he told us that there was no more delightful amusement on a Sunday than to solve the most complicated mathematical problems. Perhaps that was so, as far as he himself was concerned, but he was under a misapprehension in recommending this Sunday amusement to students of 18 and 19 years. We youngsters were very surprised at his remark. The professor noticed it and he smiled when looking at our faces.


Although thirty years have elapsed since listening to his lectures, I cannot say that his tuition was attractive and useful. When I was a young student I thought that the numerous experiments which he made on living animals were superfluous and cruel. I shall never forget the impression which I had when he demonstrated to us the fact that an abundant supply of oxygen produces difficulty of breathing. A young rabbit, fastened to a piece of board, was brought in. It had not been put under an anæsthetic. A tube had been inserted into its windpipe and by means of a bellows air was blown into the lungs. Some mistake had been made and after a few moments the poor beast became inflated and assumed the form of a balloon. The professor looked at it and said merely : "The animal is in a bad condition." We all could see that. The rabbit was taken away and it is to be hoped that it was quickly freed from its torments. Perhaps I am too sentimental. Perhaps I overestimate the sense of pain experienced by experimental animals. However, such experiments, for instance the experiment of causing the throbbing heart of an animal to write pretty curves upon a paper cylinder by means



of a needle inserted into it, have given me a feeling of nausea and of acute discomfort and many of my friends had similar sensations.

I do not deny that experiments on animals are indispensable for purposes of investigation, and I dare say that some of these experiments may produce valuable results from which we may learn how to treat sick human beings. However, is it really necessary to make countless experiments before students on living animals in order to demonstrate commonplace facts? Are such experiments on living animals really indispensable for teaching medical students? When I was young I answered this question in the negative, guided by sentiment, and to-day I still deny the necessity, guided by my intelligence and by ripe experience. Perhaps it may be necessary to make the well-known experiments on frogs' legs to show the action of nerves and muscles. However, I have preserved an unpleasant memory of the numerous experiments which were made, only too often clumsily, on living rabbits, cats and dogs. It cannot be good for a normal man, even when he is a student of medicine, to see how an animal poisoned with curare becomes lamed as regards the muscles while all its senses remain unaffected.

In my opinion these experiments made before budding doctors are harmful for two reasons. In the first place, the young doctor is made to believe that human beings in health and disease react in the identical way in which animals used for experimental purposes are reacting. That mistaken idea has been very harmful to the art of healing and to the patients themselves. This has been proved by Professor Hans Much, who has criticized this error in detail. Only now we have begun to free ourselves from the false ideas of "rabbit medicine." In the second place, the experiments on living animals threaten to brutalize the young people studying medicine.



I cannot admit the argument that only those who are coarse and brutal by nature can be brutalized by these experiments. We should have respect and admiration for the miracles of life and feel in awe of its mysteries. These sentiments are easily lost or destroyed. Many an ambitious young man, when familiarized with these cruel and unnecessary experiments, forms the plan to climb to success over the dead bodies of thousands of tortured experimental animals. Occasionally one has the impression, in contemplating medical practice, and particularly certain surgical operations, that they have been undertaken in remembrance of experiments made on animals.

After the publication of the first edition of this book I received many letters full of reproaches. Some of my correspondents have told me that criticism, such as that expressed above, was likely to damage the prestige of the medical profession. I think my correspondents are mistaken. The things which damage the reputation of our calling are of a very different kind. I have before me Number 26 of the widely read weekly *Die Woche* published in 1926. In that issue a professor wrote in a popular-scientific article, intended for the enlightenment of laymen under the heading: "How Long Can Man Live Without Sleep": "Dogs which had been prevented sleeping died often after five days. Others could live without sleep for a longer time, up to twenty days." I do not know any more horrible and any more cruel experiment on animals than this particular experiment, and if I protest against it I do this not because I am fond of shooting, and because I see in the dog a faithful helper, an intelligent friend and an indefatigable companion. I speak as an average, ordinary human being. Who on earth can have confidence in medical science if medical science approves of such dastardly, merciless and superfluous cruel experiments. We should keep silence about mis-



deeds for which we ought to blush, and leave the perpetration of such cruelties to scientific incompetents. If we boast of them from the housetops, we cannot be surprised at the consequences.

When I recall the individuality of the medical students, my principal impression is that they were quite unready for serious study. Of course, I was as unready as the others, perhaps more so. Even to-day it seems to me that students are allowed to come in contact with the sick and suffering when they are too young. Professor Schweninger made the suggestion that medical students should first of all be taught to nurse the sick, and should be made to act as sick nurses. Such an apprenticeship has many advantages. It would show whether a young man intended for the medical profession possesses the necessary qualifications of character and intelligence.

It is a favourite occupation of youth to make plans for the future. We medical students intended to study during the first year, to work in a hospital during the second year, to act as assistants to a celebrated specialist, pass our exams. and then start medical practice somewhere in town or country.

The immaturity of medical students explains, but does not excuse, the flippant and coarse ways which are found among the students in the various institutions where they are occupied, particularly in the dissecting rooms. I do not mean to be too severe. Only too often medical students are merely children who do not realize that the body which they dissect and prepare was only a few days ago a living human being. I have seen a young medical student surrounded by friends who were not medical students pulling out an anatomical case, opening it, showing it around and inviting every one to smell it. That student may have been a harmless youngster, a mere child, who in due course may have become a capable and

conscientious physician. However, joking about serious matters is apt to become a habit and to become second nature and may continue through life. I would also recall the coarse tone which is to be found in students' journals, addresses, etc. These publications and manifestations harm our profession more seriously than the most embittered attacks of the enemies of orthodox medicine. That can be proved by numerous examples.

No doctor will misunderstand me. I am not an enemy of merriment and of good humour and of jokes. On the contrary. No profession requires so much to be cheered by an occasional joke as the earnest calling of the doctor. At the same time, no profession sees human beings so much in their absolute nudity as does ours. We see our patients not only in their physical, but also in their mental and spiritual nakedness. We can, therefore, not wonder that many excellent doctors are full of good humour and always ready for a joke, but their jokes are based on full understanding and on a deep love of mankind. There is a great difference between the humorous remarks and gentle jokes of a doctor and the coarse and brutal jokes of those practitioners to whom nothing is holy, not even motherhood.

A little while ago I received a letter from a young Swiss physician which expressed the same thoughts. He wrote to me :

“Some time ago I was talking to Professor B—— and told him of the practical jokes and pranks and horse-play which occurred in the dissecting room. Instead of being amused, Professor B—— angrily told me : ‘If this is the state of your mind you will never become a physician. Real physicians feel the deepest respect for the human being even if it is a dead body used for dissecting purposes.’ I have never forgotten that lesson.”

I need not add anything to these words of the able



and outspoken professor. I do not know him personally and I do not know him by reputation, but these words of his make it clear to me that he is a physician in the true sense of the word, not merely a successful medical practitioner.

I have mentioned that youths begin to study medicine when they are quite unripe for their studies. Among my contemporaries there were some students who were not young in years. There were, for instance, men who had studied law years ago, who had failed repeatedly passing their examination, and who then turned to medicine in the desire of making a living by medicine and believing that it was relatively easy to "learn medicine," which they considered as a commonplace trade, than making a success in the profession of the law. When looking at these failures in other callings who had turned to medicine without real interest in it I began to discriminate between physicians and mere medical practitioners.

Apart from these failures originally belonging to another profession there were quite a number of excellent men, such as clergymen, chemists, government officials, etc., who had made up their mind to study medicine because they were keenly interested in it although they were advanced in years. Observing these men who wished to become doctors or surgeons from sheer love of the science of healing, I received the impression that these mature men would make a greater success of their studies than the noisy and shallow youngsters. Indeed, all these men have become excellent physicians.

## CHAPTER II

### THE BEDSIDE TEACHING OF MEDICINE

There are physicians who believe that they have done a great deal of good to their patients when they have given a scientific name to the disease from which they happen to suffer.

IMMANUEL KANT.

**I** ENTERED the temple of healing filled with high expectations and with a throbbing heart. At last I should be taught how to help the sick. The greater was my disappointment which I experienced in our clinic. Of course I recognized that it was necessary to discover what was wrong with the patient before one could take steps to help him. However, I did not expect to see what I did see. My professor of medicine was a vigorous, stocky man in the fifties, who was very convinced of his worth. He had a huge and almost hairless skull, large protruding eyes and a long beard which he liked to stroke. The first and most imposing impression which he gave was an impression of extraordinary intelligence, of unlimited knowledge. He seemed the man to solve all the hidden mysteries of disease. However, one thing was lacking in him—human kindness.

In the past I had always imagined that a great physician was a sweet and kindly man who Christ-like stretched out his hand towards the sick and suffering, helping and healing them. I do not mean to say that my teacher lacked personal kindness. However, all sentiment disappeared when he stepped



towards the beds of the sick. Only his intelligence remained.

I have a fairly good memory and I can easily recall many of the hours which I spent studying at the bedside. Everywhere things are managed more or less in the same way. A patient is examined by the professor and by one of the students with great care. His complaints and the result of the examination are compared. Excretions, secretions, etc., are examined and then the whole of the performance is crowned by making a diagnosis and endeavours are made to ensure its correctness by making a differential diagnosis.

When all this had been gone through there came a dramatic moment. The question arose: What will be done to cure the disease which had been given a name. Unfortunately I received time after time the same disappointment. The professor sometimes said: "The prognosis is favourable." Far more frequently he said: "'The prognosis is unfavourable, no treatment is required, or only symptomatic treatment, and the question whether our diagnosis is correct or incorrect will be decided when the body is dissected after death.'" In the foreground of the collaboration between professor and student was the solution of the great enigma, the classification of the disease into one of the well-known categories, its pigeon-holing into a receptacle which might have borne the legend: Morbid degeneration of this or that organ.

We were given lectures of an hour by a professor of nerve diseases. He was a celebrity. These lectures were accompanied by practical demonstrations at the bedside. Unfortunately, the impression given to budding physicians as to the possibility of curing disease was even more disappointing in his case. I remember particularly the following case. An old man had fallen down into a cellar and was brought unconscious into the clinic. The diagnosis was made

that hæmorrhage had occurred at a certain portion of the brain. The location of the hæmorrhage was ascertained with the greatest care and exactitude. Then the important question was put whether the hæmorrhage was caused by the fall, or whether, contrariwise, the man had fallen into the cellar in consequence of a spontaneous cerebral hæmorrhage. In a wonderful speech, full of logic and supported by a wealth of anatomical and practical knowledge, the professor decided that the man had fallen down the cellar in consequence of a spontaneous brain hæmorrhage, and his masterly address ended, as usual, with the words: "The prognosis is unfavourable: no treatment is required." The dissection of the body after death confirmed the diagnosis.

I received a similar impression when, later on, I was allowed to visit patients. Although the hospital was ornamented in large letters with the motto: "*Summa lex salus aegroti*" (The highest law is the welfare of the patient) it seemed to me that the gigantic building, dedicated to the service of the sick, was in reality principally devoted to abstract scientific inquiry. After all, that is the purpose of these institutions. In establishments in which young men are taught the practice of medicine and surgery one cannot expect overmuch sympathy and kindness and looks in vain for purely human relations between the sick and the physician. Later on in life I happened to visit a great clinic which had been fitted out regardless of expense with all the most modern appliances. In every one of the large rooms there was a set of printed regulations, and one of these was literally as follows: "The chief decides whether a dissection of the body will, or will not, be made."

Owing to the disappointments which I received in studying medicine at the bedside, I came to the probably unjustified conclusion that medicine secures



its greatest triumphs in those diseases which are cured spontaneously by the unaided body and in those where a grave diagnosis was mistaken. That opinion was erroneous. To-day I know that when the medical practitioner is at his wits' end, proclaiming "Prognosis unfavourable, no treatment will be given except symptomatic treatment," the true physician takes up the case and often succeeds.

The spirit of the physician prevailed to a greater extent in the polyclinic which I entered later on. Its chief, an able man, full of intelligence and self-appreciation, told us on the first day a truth which seemed to me to be of the highest importance to physicians. He informed us: "There are no defects of the heart, no diseases of the spinal cord, etc. There are only sick human beings whom we must help to the best of our ability." When I heard these words, I thought my teacher had originated them. Now I know that they were first uttered by Wunderlich and were elaborated by Professor Krehl, who taught that we ought to treat not merely a sick human being, but a sick character. (Dr. Liek is mistaken. Dr. Wunderlich was born in 1815. Five years before his birth, in 1810, Dr. Samuel Hahnemann, the founder of homœopathy, published his *Organon*, which is devoted throughout to the doctrine that there are no diseases but only sick human bodies and sick human minds.—TRANSLATOR'S NOTE.)

I learned from my wise teacher a second truth of the greatest importance, the fact that all men, and particularly all medical men, are most extraordinarily susceptible to suggestion. Whooping-cough is scientifically called pertussis. What can be more obvious than the fact that the right remedy for pertussis is anti-tussin? I always remember tussis and anti-tussin when I see the avalanches of new pharmaceutical preparations which threaten to overwhelm the medical pro-

fession. I also think of tussis and anti-tussin when I read glowing accounts of many surgical innovations and discoveries. I shall discuss the latter in due course.

The apparent hopelessness and uselessness of all medical treatment as described by my teacher—either the disease was cured spontaneously by the body and then the physician was unnecessary, or harmful, or it was incurable—depressed me greatly, and herein lay the reason that at the earliest moment I embraced surgery with enthusiasm and determination. My first impressions of the surgeon's art were overwhelming. At last I was to meet a physician who really acted as a helper and healer. If there was a painful whitlow of the finger, a single incision released the tension and led to the evacuation of the pus. If there was a sprained arm or leg, the trouble was rectified in accordance with the rules of the art. If there was a strangulated hernia threatening death, an immediate operation brought relief. The glamour of surgery was increased by the fact that my teacher of surgery was a disciple of Billroth, the great surgeon. He was to us youngsters the ideal of a physician, a man of clear intelligence, of rapid thought, who spoke eloquently, who possessed a sympathetic voice, and who acted with the quick decision of thorough competence. Besides, he did not try to pose and appear a demigod. He was thoroughly human, a man of kindness, who had a friendly word for the poorest of the poor. From this teacher I learned for the first time the value and the magic of personality, of character. Only later on I discovered that surgery also is practised not only by true physicians but also by very ordinary medical practitioners, by mere artisans and clumsy mechanics.

As I was in straightened financial circumstances, I was unable to act for years as assistant to a great



surgeon as I had longed. During a year, however, I was assistant to my beloved teacher of surgery. The things which I learned from him were not merely the mechanics of surgery. I learned from him the eternal basis, the spirit, of surgery : unceasing labour, the strictest self-criticism and fearless decision and action. These are expected of the true physician.

When I began to study gynecology and obstetrics, my experiences were similar to those which I made in surgery. My professor was a man of great eminence, excellent as a diagnostician and excellent in mechanical performance. His lectures were clear and very impressive. However, he lacked personal warmth and magnetism. We students and the patients themselves were somewhat afraid of the severe "King X." However, this was a minor matter. We students were aware that we were taught by a man of high authority who taught us how to act when called upon to do our duty.

Among my other teachers of the various branches of the art of healing I remember with particular pleasure my teacher of pathological anatomy. He was an exceedingly tall, very old man, very thin, slightly stooping, white-haired, possessing features proclaiming the highest intelligence. As an investigator and student he was a model to us. He laboured unceasingly, was a great thinker, possessed pronounced critical faculties, was personally modest, notwithstanding his great achievements, and he was very proud of the science which he taught. In my time the pathological anatomists had the habit, which, I think, they have still, to criticize the ignorance of practising physicians and to make jokes about their lack of knowledge. They could not, or would not understand that it is much easier to make a correct diagnosis on a dead body than on a living human being. My teacher was not much given to easy criti-

cism and to jokes of this kind. If he criticized doctors, he did it humorously. I must always think of my old teacher when pathological anatomy is described to us as the doctor's conscience. My teacher was conscience personified.



## CHAPTER III

### MEDICAL PRACTICE

ON the very day when I had passed my medical examination I went by train to a village near the town of Tilsit, where I was to act as locum tenens during three weeks, representing a young doctor who was away on his honeymoon. These three weeks were of decisive importance for my life and for my conception of the medical profession.

I looked forward to my first consulting hour with the tensest expectation. For the first time I was to act on my own. Once more I had a great disappointment. I sat down before my desk, the stethoscope at my right hand in front of my case-book, expecting with pretended indifference a stream of patients. My heart was beating fast. I sought courage by reminding myself of my success during the examination and of the resounding words with which at that occasion I had discussed the symptoms of the spleen. Instead of a stream of patients there was only a trickle, and to my amazement I did not see any cases which resembled in any way those which I had encountered at the clinic. None of the patients were tuberculous, none suffered from typhoid, none had any heart defects. A poor old woman arrived complaining about a vague pain in the back, another sought my advice because "she had it in the stomach," a third complained about "pain everywhere." I worked like a Trojan, but, in spite of all my endeavours, I was quite unable to make an exact diagnosis according to plan owing to

the vagueness of the complaints and their symptoms. Every one of my patients asked me very promptly : " What is my trouble ? " I felt puzzled, and it became clear to me that the general practitioner in the country has a much harder task than the physician at the town clinic.

I had similar experiences in visiting patients and I discovered that there is a tremendous difference between the work of the hospital physician and that of the general practitioner. In private practice one cannot observe a patient for days before, deciding what to do and there is no help rendered by laboratories round the corner and by a staff of assistants. One is put before the task of making a decision on one's own unaided responsibility and without delay. I felt that sick men and women did not demand so much a most scientific and exact diagnosis, based on the use of all the most modern and most intricate appliances and processes, but commonplace advice and help, such as any individual in need expects from a fellow being in whom he has confidence.

Things were easier as regards surgery and obstetrics. In matters surgical I could rely upon myself, thanks to the one year which I had spent at the clinic of my beloved teacher. I had always been greatly interested in obstetrics. In matters of childbirth, examination is simple and symptoms and signs are clear. As soon as I had studied the case, there was no doubt as to what was to be done. In no branch of the medical profession is the medical man received with such cordial gratitude on the part of mothers and their families as when he assists in childbirth.

In general practice I discovered that I lacked the knowledge of the most ordinary and the most commonplace duties. None of my scientific teachers had told me how to use a thermometer, how to give an enema, how to apply a poultice or a wet bandage. I found



that I had to hide the defects in my knowledge as well as I could. Since my student days things have greatly improved. Practical, everyday duties are now taught, side by side with medical science.

I hope I shall not tire my readers by describing a few of my early cases. They may appear commonplace. Still, these early cases were of even more decisive importance in influencing my medical thought and activities than my studies themselves.

#### MY FIRST OPERATION

On the second day of my activities, a sturdy peasant, thirty years old, was the last patient in the waiting-room. He suffered from a painful suppuration on his right index finger. Immediate surgical intervention was called for. In accordance with orthodox methods I started boiling my instruments and arranged everything required very tidily on a small table. Having done so, I asked the patient to lie down on the sofa, intending to give him an anæsthetic in the usual way. Instead of going off to sleep, as I had expected, the peasant became tremendously excited. I should add that in the country parts round about Tilsit abstinence from alcohol is not to be found. For a few seconds I was able to allow drop after drop to fall from the bottle in front of the peasant's nose. Everything seemed to be going on splendidly. Unfortunately I had forgotten that patients are apt to become excited before losing consciousness. Suddenly I had to put down my bottle. The peasant jumped up with a face as red as a boiled beetroot and with eyes protruding from their sockets. He took the little table with all my instruments on it, threw it at the wall and then he took me, a slender youth, and threw me also at the wall. I thought all the bones in my body were broken. I tried in vain to pacify the raging maniac who, roar-

ing : “ What have you done to my wife ? ” took me by the throat.

I now think that it is a great pity that at that time the film industry had scarcely begun. Our struggle would have made a most dramatic picture. It would have created a great sensation. Hearing crashing furniture and a tremendous commotion, the old house-keeper of my colleague rushed in. When she entered, the mad intoxication of the patient suddenly disappeared, the peasant woke up as from a dream, looked round with sheepish surprise and apologized full of shame. He had to be punished. I meant to operate on him without an anæsthetic. He sat still like a hero with clenched teeth and tried not to flinch. When I had bandaged him I asked him : “ Now tell me, how could you accuse me of having done anything to your wife ? ” To my astonishment the patient replied : “ I cannot have said anything of the kind for I happen to be single.”

#### MY FIRST CONSULTATION

I was called to visit an elderly unmarried lady who lived together with her sister. She complained about severe pain in the abdomen. I examined her conscientiously and found no cause for her complaint. Again, to my great sorrow, I could make no exact scientific diagnosis. The only thing I could ascertain was that nothing was ascertainable to account for the pain. I tried various remedies, dieting, hot and cold compresses, tincture of opium, etc. Nothing did any good. In this way three days were spent and the patient continued complaining bitterly. Her sister, greatly worried, pointedly asked me—I was at the time 23 years old—to call in an experienced colleague of more mature years.

In a little town, four miles distant, there were two doctors who had been practising there for a long time.



I telephoned to one of them and in due course there appeared a short, stout, jovial-looking man who, to judge by his appearance, was a disciple of Bacchus. We went to the patient's house. The doctor examined the patient carefully and then we withdrew to a private room. I eagerly awaited his diagnosis. I expected him to solve the mystery of the case. I imagined that immediately he would tell me the cause of the trouble. However, things were very different. He began by asking : " So, you have studied and made your examination in the town of R. Tell me something about old Professor So-and-so. How is he doing ? " I fell from the clouds into reality. During ten minutes we discussed everything except the patient's condition. Then the consultant began to talk at length about the fee which the patient could, might or ought to pay, and at last I asked impatiently : " Well, doctor, what is the matter with her ? " His reply was : " I have not the slightest notion. What have you given her ? " I answered tincture of opium, upon which he said : " Well, if you have no objection, I shall prescribe her the same opium in the form of powders."

This was the end of my first consultation. Since then I have had many consultations with colleagues, but I cannot say that all of them were exactly like the first one. Besides, I have nothing to say against the country doctor whom I met for the first time. He was an excellent fellow, a great original and much liked as a physician. We doctors are human beings with human faults and imperfections.

Unfortunately the opium powders proved as ineffective as the opium tincture. I became worried. At last the patient refused practically all food. Her sister noticed that her strength was rapidly ebbing. At last it occurred to me that one might try to feed her by the bowel. Late at night I went to the house

and ordered that the lady should be given an enema consisting of 6 ozs. of milk, a teaspoonful of salt, a teaspoonful of sugar and a raw egg. Next morning my first visit was to this desperate case. When I entered the door, the sister nearly fell round my neck, beaming with joy. Full of gratitude, she exclaimed : " My dear doctor, can we ever thank you enough. You have saved my sister's life." " But how ? What has happened ? " " Well, after the enema, my sister had several gigantic motions and now she is perfectly well." Indeed she was perfectly well and she remained well.

And what is the moral of the story ? In a case of constipation the best remedy is an enema, even if it is a scientifically compounded nutritive enema.

Only later on I learned the following great verity : Only too often doctors receive from patients the warmest gratitude in cases in which they have either done nothing or in which they have made a cure by a fluke. That is a certain compensation for the numerous cases in which our labours, our anxiety and sleepless nights are repaid with black ingratitude.

#### THE SICK CHILD

I was called to the only child of a wealthy merchant. The baby was 18 months old. The child had been coughing for several days. There was fever and great restlessness. It was possible to make an exact diagnosis of acute bronchitis and broncho-pneumonia. That was satisfactory. Unfortunately, this time the trouble was with the treatment. The most scientific prescription with *Radix Ipecac.*, *Sir. Althææ*, *Ammon. Anis*, etc., proved quite useless. The child remained terribly restless, was breathing rapidly and suffered severely under the continued irritation which caused the cough. The terrified mother lost her confidence in me and asked me to call in a second doctor. I



agreed, of course, but proposed at the same time to try a wet compress, and marvellous to relate, as soon as the wet compress, the invention of the celebrated Priessnitz, who was an ordinary peasant, was put on, the picture changed completely. The child enjoyed excellent sleep for hours, breathed quietly, and in a short time there was complete recovery. I learned, what I had never been taught when studying medicine, that that old peasant Priessnitz cannot be justly described as an ordinary quack. I am of opinion that he was an excellent observer of nature and a very able physician, although he had not studied medicine.

#### THE POTENT MEDICINE

I paid a visit to the two elderly doctors, to whom I have previously referred. They lived in the town near by. They showed me their small, but well-organized clinic. My surgeon's heart was particularly attracted by an old tramp with a frozen foot, gangrenous, with a sharp demarcation line between the diseased and the healthy part. One of the two doctors told me: "If you like, you can amputate the foot one of these days." When I inquired over the telephone a few days later when I was to make the operation, I heard, to my regret, that the patient had died in the meantime.

I did not stay long with the two gentlemen because they told me that they had to attend a dinner celebrating the Emperor's birthday. It happened to be the 27th January. While waiting at the local inn for a conveyance, I heard a peasant inquiring for me. He told me that his child was sick, that he had called upon the two local doctors, that the first had refused to come, and that the second had referred him to me.

I drove with him to his house, where I found a delicate little girl, about 18 months old, and the little patient, a boy of 6 months. He suffered from a very

severe catarrh of stomach and bowel. He was collapsed. His pulse was terribly rapid and could scarcely be felt. The skin was cold and clammy. I felt much worried. I must admit, I knew very little about children's diseases, although I had attended a children's clinic during a year. Although I am very fond of children, my medical interest in them begins only when they are more advanced in years. I had never much sympathy for the struggling, roaring monsters of babies with whom one can do nothing either by appealing to their intelligence or to their fear. I had forgotten most of what I had been taught, but one remembers as a rule some of the most important measures to be taken, and I visualized the necessity of giving a stimulant. Therefore I prescribed the withdrawal of all food with the exception of weak tea and the taking of the infallible tonic Spir. Aeth. Tct. Benz. ana 5·0, every hour, from 1 to 2 drops to be taken. I drove home with a heavy heart and full of doubt as to the outcome.

On the following day I had to pass the village of the sick baby. I jumped from my carriage to inquire and to say some friendly words to the mother, a kind, sweet-faced woman with a Madonna face, the kind of face which impresses a doctor deeply. When I entered, I was surprised to find the baby whom I thought dying sitting upright in his little bed looking very happy, and eating a plateful of oatmeal gruel, observed by the parents who beamed with delight. "Well," I said to myself, "you have managed this case excellently! You are really a good doctor. At a moment's notice you have saved the baby from death and now you will never forget the overwhelming effect of Spir. Aeth. Tct. Benz. ana, from 1 to 2 drops to be taken per hour."

I asked the parents for how long they had given the baby the miracle medicine. Father and mother



looked awkwardly at one another and did not know what to reply. At last they felt they had to confess the truth. They had sent a village boy to the chemist in the town. The boy was slow of understanding and stupid. He had faithfully delivered the prescription at the chemist's shop and had gone home without waiting for the medicine!

By this experience I had learned a maxim of the very greatest importance. In judging of one's medical successes, the physician can never criticize his action with sufficient strictness. If the child had taken the medicine, I should have been convinced for all time that it was indeed a miracle-working mixture. Half of the stuff, nay, nine-tenths, of the articles which appear in the medical journals and which we think we ought to read would not be written and printed if their authors possessed a little more critical commonsense. I learned that abstinence from food is frequently by far the best medicine.

In later life I have again and again been struck by the fact that small children and animals, guided by an infallible instinct, limit to the utmost their intake of food if they are sick and if they are injured. If one operates on small children for such things as hernia, appendicitis, etc., they often decline to take solid food for days and often refuse even their favourite dainties. Animals act in exactly the same manner. In the case of wild animals it might be argued that the sick would probably feed, but cannot do so, being incapacitated. However, one notices the identical proceeding of deliberate fasting among our domestic animals as well. For instance, my Dachshund was run over by a heavy cart. I thought he had been killed. However, he crawled away. Apparently he had not only broken a number of bones, but he had received internal injuries as well. He crept into a dark corner, refused food and drink, and after a week put in an appearance, looking

well and merry. Another dog of mine, again a Dachs-hund, devoured a considerable quantity of rat poison. He became very, very ill, and suffered from diarrhœas containing blood and pus. He collapsed completely and treated himself medicinally. During three weeks he refused all food and took only rarely a little water. He became a veritable skeleton. However, he cured himself, started feeding, and rapidly regained his old weight. While engaged in the writing of this book, my third Dachshund, a little beast of incredible pluck, had lost an eye in a fight with a cat. He had a deep wound on the eye itself and the surrounding flesh. During two days he remained in the darkest corner of his house in high fever, with a terribly swollen face and refused all food. By the by, dogs lick their wounds. In this case licking was impossible. Dachs-hund number 3 continually licked the inner side of his forefoot and gently rubbed with it his damaged eye. The result was the perfect healing of the wound, but the eye of course was lost.

I am convinced that in the three cases mentioned treatment by a physician or by a veterinary surgeon could hardly have been equally efficient. From my observations on children and animals I have come to the conclusion that, particularly in acute diseases, fasting greatly favours the process of healing. Those who read the writings of Ottomar Rosenbach, who is far too little read, will find the scientific explanation of this fact. By saving the force required for the process of digestion, the body saves strength and mobilizes forces for other purposes, such as the healing of wounds, combating the micro-organisms of disease, etc.

It is easy to enforce abstention from food when one treats small children and animals, but we medical men meet with difficulties if we wish to apply the same methods to grown-up patients. People who are sick feel weak. Those who have been operated upon and



who wake up from the narcosis are greatly enfeebled. According to the textbooks, we can overcome that weakness with strengthening food. Nothing is more obvious. Hence we inquire for the most nourishing and strengthening foods and give them to patients. That idea is, of course, completely mistaken. The patient has been weakened not by a short fast, but by the disease, by the after-effects of the narcosis, by the shock of the operation, etc.

I have acted as a ship's doctor during a year and I have seen thousands of people suffering from sea-sickness, a most lamentable condition. My captain, an old seaman, used to console in his rough way the victims, who wished that they were dead—in the beginning the sea-sick fear that they might die, but later on they are afraid that they might not die: "Many people have tried to die of sea-sickness, but so far none have succeeded." As soon as the ship entered port the patients who had vomited everything during two or three weeks regained their health in no time.

Objection to fasting on the part of grown-up persons is usually due not to the working of the instinct but to that of a faultily working intelligence. I always remember a lady doctor, a strong obese woman, who had undergone a big operation in the abdominal region with septic developments. She was worrying for days because she had the idea that she ought to be given strengthening food. Her stomach possessed more sense than her brain. She admitted quite candidly that she had not the slightest desire for food, that the thought of food gave her nausea. However, she imagined that she ought to eat something to keep up her strength. Under such circumstances I always remember the wise words of Dr. Leonard Williams, an Englishman: "Civilized man eats too much, thinks too much and sits too much."

Of course there are patients who act sensibly after having undergone an operation. There are those who act like children and animals, guided by their instinct. A little while ago I made an operation on a Swede, aged 42, cutting out an old duodenal ulcer. After the operation he adopted an exemplary attitude. During four days he took no notice of things around him and was lying quietly all the time with closed eyes. He did not engage in conversation, did not ask whether the operation had been successful, did not ask whether a cure was likely. He took no nourishment except a few mouthfuls of tea. On the fifth day a complete change took place. He became mentally alert, became hungry, wished to get up from his bed. If patients behave in this manner, and cases of this kind are not as rare as one might imagine, one can make a particularly favourable forecast.

In telling anecdotes, I have strayed from medical practice carried on in the country, the topic of this chapter. Every day of my activity as a general practitioner in rural surroundings gave me new knowledge and gave me new ideas as to the great value of correct relations between physician and patient, ideas which cannot be acquired in the scientific establishments devoted to medical study and teaching. Of course many incidents occur illustrating the value of correct relations, but most of them can easily and promptly be dealt with. I would like to relate two little adventures which I had when attending childbirth.

During one of the first days of my activity I was urgently called to a woman who was about to give birth to her sixth baby. The position of the baby within the mother was an unfavourable one. The midwife had correctly diagnosed the condition. I was just energetically soaping and washing my hands, when the husband entered. He was a veritable giant,



a foot taller than I, although I stand nearly 6 feet. He was so broad and so powerfully made that within his skin two or three men of my slender size could have found room.

Noticing that I was washing my hands with great thoroughness, he impatiently exclaimed: "Well, doctor, you have washed quite sufficiently. You had better be getting busy with my wife." I put down the soap and nail brush, gazed at the man with wide-opened eyes of astonishment, and told him slowly and deliberately: "I shall count up to three. When I have said three, one of us two will be outside this room." The giant looked ashamed of himself and disappeared rapidly. However, this little adventure was not finished. By a few easy turning movements the baby was brought into a favourable position and the whole affair was over in ten minutes. When the husband and father asked, when all was over, what he owed me, I said 'fifty marks.' He smiled an incredulous smile and said: 'What! You ask me for fifty marks for work done in ten minutes? This is far too much.' Thus I learned for the first time that the value of medical work is appreciated by the public by the amount of time spent.

Later on I learned that the upper classes also calculate the value of medical assistance by the time consumed. In other words, the doctor is paid not like an artist for work well done but like an artisan by the hour. I remember I replied to the dissatisfied giant: "I suppose if a clumsy barber tries to pull out one of your teeth, gives you pain during two hours and at last succeeds in extracting it, then you think that two hours of hard work are worth a good remuneration, but when a skilled physician pulls out the same tooth in two seconds you think that a few pence are enough for him." The end of the matter was that I refused to accept less than fifty marks. My colleague, for

whom I acted as locum tenens, demanded considerably more than fifty marks on his return and received them.

In the middle of the night I was called to the wife of a poor agricultural labourer. She was having her eighth baby and difficulties had arisen. Once more I was able to produce the child by rapid manual intervention. The baby was apparently dead and with great zeal I tried to revive it by the usual methods. After a while the child gave signs of life. I was delighted. However, to my surprise, the husband and the relatives of the woman became very excited and tried to interfere and to prevent my reviving the baby. Later on the midwife told me that a dead baby would have been far more welcome than a living one. I drove home with her and I asked her whether the undesired baby would be brought up badly. The experienced woman replied: "Oh, no! They will show the child all affection and give it all care. Still, the parents would have preferred that you had not revived it!"

Incidents such as the two related were harmless. However, I had a collision with the chemist, which was a more serious matter. There were two causes of friction. In the first place the local chemist acted as a quack. I heard from my patients that he even undertook gynecological examinations. I did not mind this, for I said to myself: "Either the chemist is an abler physician than a young inexperienced doctor like myself, and in that case patients fare better if they go to him than if they come to me, or he is incompetent. In the latter case I shall be sorry for those who prefer the help of a chemist to that of an able doctor." Of course, when I was a young beginner I thought that I was a capable physician. Only much later I recognized how very little we doctors know of the secrets of life, of health and of disease. Although I knew that the chemist acted as a doctor, I did not report him to the



authorities, nor did I discuss the matter with my patients. I simply took no notice of his medical activities, and I still believe at the present day that this attitude was the only wise one. I have shown this more fully in my chapter on quackery.

A real conflict between me and the pugnacious chemist occurred quite at the beginning, owing to his extraordinary interference with me. He sent me a letter in which he said : “ Your prescriptions, which I have made up until now, allow me to conclude that in the first place you do not know the requirements of the population in this district and that besides, you have an insufficient knowledge of the art of prescribing. As regards the first point, people in rural districts believe that they are properly treated by their doctor only when the doctor prescribes at least four different medicines, namely a liquid medicine for internal use, of which a tablespoonful is to be taken several times a day ; secondly, a large bottle with a stimulating liquid to be rubbed into the body ; thirdly, tablets of some kind or other ; fourthly, a suitable tonic. In addition, many patients like to have as a fifth medicine some medicated wine. As regards the second point, I would say that the art of prescribing is neglected during the tuition given at the Universities. Besides, you, Sir, are only a beginner who has passed his examination and lack the necessary experience. I venture to enclose copies of sixty prescriptions of proved excellence, which you may care to use (the prescriptions sent to me were very complicated ones containing at least five drugs each). I beg to mention the various diseases for which the prescriptions I am sending you should be employed. In conclusion, I would take the liberty of pointing out to you that many people come to me and ask me to recommend them a good doctor and inquire whether I can speak favourably of the newly arrived physician.”

This letter aroused my anger. I replied without any circumlocution and with unmistakable directness as follows : " I am only responsible to my own conscience when treating my patients. The prescriptions which you have sent me are old rubbish. I should never use a single one of them. I write simple prescriptions, not complicated ones. It is quite true I am only a young man, but the worst donkeys are old ones, and your threat of boycotting me leaves me cold."

In consequence of this correspondence the chemist slandered me at all opportunities and warned patients against me. When my own patients handed him my prescriptions, he made sarcastic observations about the young and inexperienced doctor who had written them. However, his hostility proved useless. He came off second best in our conflict. Various incidents recommended me to the public. For instance, an old and much-respected physician of the district had been telling frequently that in case of children suffering with diphtheria he had eight times tried to save their lives from suffocation by opening the windpipe, by performing laryngotomy. As all the eight children had died he had given up this operation. I was lucky enough to save a five-year-old boy by laryngotomy when attacked by diphtheria. Possibly my success was due not so much to my operative skill as to the use of Behring's anti-toxin which had just come into use and which I employed at the time. This success and some successful minor operations of various kinds, good luck in attending to childbirths, the cure of some chronic skin diseases and the use of the laryngoscope, an instrument which had never previously been seen in the neighbourhood, gave me a great prestige. The chemist discovered that he could not harm me, although he was almost bursting with rage. During my consulting hours my waiting-room was overcrowded. At last the chemist recognized that what he lost by my



refusal to write complicated prescriptions was more than balanced by the large number of my simple prescriptions and that he made more money out of me than he had expected. His hatred became less noticeable and in the course of time we became quite good friends. An open enemy is always preferable to a secret intriguer. That can be seen in everyday life and in politics.

I have described rather fully the beginning of my medical activities and possibly I have wearied some of my readers. However, "from the fullness of the heart the mouth speaketh." My experiences during the few weeks while I acted as locum tenens have impressed themselves strongly upon my mind and they have become so important in my career that I never weary remembering the manifold impressions of my early days and speaking of them. Possibly I have depicted my experiences in too favourable a light.

Of course I realize that, when I was at the beginning of my career, the position of medical men in town and country was far more favourable than it is to-day. In the village where I acted as locum tenens it was traditional that the doctor remained only for a few years. After a few years' activity he had saved so much money that he could follow his inclination and establish himself in a large town, or could afford to continue his studies during a few years free from financial worries if he wanted to specialize in some branch or other. Dwelling on one's youthful activities is like passing in review one's early loves. The lapse of time and distance make them appear more attractive from year to year.

I acted as locum tenens not only at the beginning of my career in the village but also later on. When I was employed as a ship's doctor, I spent the time between sailings of my ship and my holidays acting as an assistant to a physician in various parts of Ger-

many or I acted as locum tenens to doctors in small towns and villages. I would not have missed the experience of those times for anything in the world. While representing doctors I learned much. I will not say that I learnt more than when I was a student and when I acted as assistant to some eminent man. Still I learned something entirely different and something absolutely indispensable.

From my point of view the country doctor is still the ideal of the physician as he ought to be. The country doctor can show and is compelled to show what it means to be a true man, a character and a healer. He has to work day and night under the most unfavourable conditions. He must be ready to act at any moment. Of course he does not live and act in a Marxian paradise. The eight-hour day is an idea which causes country doctors to smile. The country doctor, living far away from specialists and hospitals, must be a "universal specialist," must be able to handle every kind of case. At a moment's notice he may be called upon to play the part of an oculist, of a surgeon, in consequence of an accident, of a gynecologist, even if the case is extremely complicated, and he may have to make a diagnosis in an obscure internal disease, etc.

In addition to these difficulties the country doctor has to drive long distances through night and fog, through snowstorms and the bitter cold. No one who has not passed through the experience has an idea of the difficulties under which urgent operations and gynecological intervention have to be undertaken. I mentioned my first experience in opening a windpipe. Later on I performed a hundred such operations, but none of these has been impressed as vividly upon my memory as the first one. The first had to be done in the hovel of a rural labourer, in a room which was lit by a wretched oil lamp, and I had to act without an



assistant. The midwife, who ought to have made the narcosis, had not arrived. The parents of the child who seemed to be dying of asphyxia could not be induced to render any assistance. At last I persuaded a plucky girl from a neighbour's house to help me. She held the child while I was using chloroform and ether and, as soon as the child was ready for operation, she was to continue dropping the anæsthetic in front of the child's face while I was operating. Unfortunately she gave up the moment when I made the first incision into the windpipe. I had to act simultaneously as surgeon and anæsthetist. Besides, the surgical outfit of the young colleague whom I represented was of the poorest. There was much hæmorrhage and no one to help me. One passes through terribly exciting minutes until the tube has been inserted into the windpipe. When the child that has been operated upon begins to breathe quietly through the tube one knows that it has been properly inserted, that the danger of asphyxia is over, that the crisis is past and one is happy to have done something useful.

I have always been indignant with the attitude of assistant physicians employed in the great clinics and hospitals, who haughtily look down upon the rural doctors. They criticize acrimoniously from their well-furnished laboratories and X-ray departments the diagnosis made by a rural doctor who has neither a laboratory nor an X-ray apparatus. Besides, surgeons in the operating theatres find fault because the patients from the country has not been handed over to them much earlier. These people ought to change for a few months with rural doctors. They would see things in a different light. Besides, for the education of the next generation of doctors activity as an assistant to a busy rural practitioner would be as important as a year spent at one of the large hospitals, and probably more important. I strongly advise specialists, and

particularly younger men, to spend their spare time in the country or in small towns, as locum tenens to a general practitioner. It ought to be made a rule that every teacher at a medical school should be able to show that he has acted as a village doctor during a year or at least during a number of months. As those who desire to become teachers of medicine or surgery have to wait one or two decades until they can obtain that position, it would not matter if a relatively short time would be spent in this way in practical, many-sided activities.

The advantages of such an experience would be great, both to the teachers and to the students. Many doctors in the country desire to find a locum tenens while engaged on special studies, etc. It would be easy to arrange that our budding professors would act as locum tenens for such men. The tuition given by our medical teachers would then, perhaps, become far more practical than it is now, to the great advantage of all.



## CHAPTER IV

### MY YEARS AS ASSISTANT

**I**T will be readily understood that it was the greatest wish of my life to be a full-fledged physician. I had hoped to become a general practitioner in the heart of the country or in a small provincial town. When, in autumn, 1903, I returned from my fourth and last sea trip as a ship's doctor, everything was rapidly arranged. I had selected a large village in the province of East Prussia, I had acquired a brass plate with my name on it and I had drawn up the advertisement which was to appear in the local paper.

My decision to establish myself in practice at the early age of 25 years was greatly facilitated by my complete lack of means. My father had died when I was 15 years old, and I had been able to study only by giving lessons, obtaining free meals and scholarships. Kindly relatives had made up the sum required by lending me money. They had the greatest confidence in me and would have gladly helped me further, but they lacked the cash. At the last moment good friends came to the rescue. They had been as poor as I and had established themselves as doctors immediately after passing their examinations. They had a number of poor patients and were earning a very small professional income at the time when I was acting as a ship's doctor. They collected some funds among themselves and helped me during the first time of difficulty until I was able to obtain a poorly-paid place as assistant.

I started by being an unpaid assistant in the gynecological clinic at a University. This was the most unedifying part of my medical apprenticeship. I lived in a small town and only a few patients came to the clinic. Of course, there was much to see and to learn, particularly for a beginner. However, the spirit which prevailed in the clinic was totally different from anything I had seen before. The establishment was totally unlike the institution where I had been initiated to the miraculous achievements of surgery. The chief, an oldish man of rough manners, had done very excellent work in developing surgical gynecology and had published a number of important scientific books and papers. He was undoubtedly an excellent surgeon, an experienced gynecologist and a prominent scientist—but he was no physician.

When working in his clinic I realized for the first time to the fullest extent that a medical practitioner and a physician are completely different beings, that a man may be a leading professor of medicine without having the slightest notion of what a physician is or ought to be. It is necessary to differentiate between medical practitioner and physician, because that difference explains to us many of the difficulties and tribulations encountered by medical men and by their patients. That difference explains to us the distrust with which large numbers of people look upon orthodox medicine and the diffidence with which even able and highly intelligent doctors meet the great specialists and researchers. That difference explains to us why the prestige of the medical profession is declining—and it explains many other things as well.

I think I ought to tell my readers how it happened that I came to these conclusions which destroyed many of my ideals. I still saw in the surgeon a man who, with full knowledge of his work and of his responsibility, attacked the disease with his knife and ended



years of suffering by one stroke, by an operation. When I was a student I had heard my beloved teacher of surgery proclaim again and again that the surgeon was favoured before all other medical men because he could help and heal better than the physician, that his predominance in the art of healing should therefore impel him to use the knife only if the indications for an operation were absolutely reliable. In my new occupation I learned for the first time that operations may be done without adequate need, almost as a matter of guesswork.

I do not wish to write about the numerous malpositions of the womb which at that time were treated surgically. That was done in accordance with the general notions then prevailing. Nowadays we have further advanced and we know that in the vast majority of cases displacements and malpositions of the womb are quite unimportant to women, and that surgical intervention is called for only in exceptional cases. When I acted as assistant at the clinic, things were very different. Every woman who was brought into the clinic was placed upon the operating table and every deviation of the womb from theoretical normality was treated surgically. The smallest tear of the cervix was sewn up after a surgical incision of the vagina, ovaries which seemed to me perfectly healthy were cauterized, cut into, made smaller, etc. I was horrified and I asked one of the surgeons, an excellent man, who died a few years later from septic poisoning : " Does it ever happen that a woman is brought here and is *not* operated upon ? " " All women who come here are operated upon," was the curt reply, and he spoke the truth. Unfortunately these superfluous operations did not always have a favourable ending.

No doctor is alive who has an absolutely clear conscience. No doctor exists whose conscience is

not oppressed by the thought that he has lost the lives of patients by omission, by his inadequacy, by his rashness, by uncalled-for intervention. I go further and assert that the true physician is throughout his life at war with himself, at war with his conscience. I am old enough and have myself been responsible for so many, so grave and so disastrous mistakes that I cannot and would not play the part of the Pharisee. On the other hand, I recognize that the teacher of medicine and surgery must to a large extent be a medical practitioner. The teacher has to act not only as a physician, as a helper and healer, for he has the duty to teach the students a vast and indispensable mass of practical knowledge.

The clinical lectures, discussions, etc., have little relation to the healing of the sick. The numerous examinations of patients or of women in childbirth, made by a number of students, are of advantage to the students but not to the patients. We demand that medical and surgical teachers should not only teach existing knowledge but should conquer new domains in the realm of science. It is obvious that our teachers cannot always find it easy to be at the same time teachers, scientific pioneers and physicians. Only too often the character of physician suffers owing to the predominance of the character of the teacher and of the researcher.

All these considerations cannot alter my opinion regarding the clinic in which I was occupied. During those four months of my assistantship I saw much which had nothing to do with medical treatment as it ought to be practised by a true physician. At best we were shown the tricks of the trade under the cloak of science.

I do not wish to generalize and to assert that in all institutions treatment was practised in the same way as in that particular clinic. At the same time



we all know that practices, such as those witnessed and described by me, are not exceptional. Doubtful treatments of every kind are, of course, to be found not only in the medical institutions maintained by universities. Caricatures of the healing art are to be found everywhere, exactly as we find in every church both saints and sinners. Of course, I know by personal experience that among our university clinics there is a large number of excellent modern institutions. Moreover, I am acquainted with a large number of medical and surgical teachers who are real physicians, are men to whom I would willingly entrust my body. However, the proportion of men who are merely medical and surgical practitioners and nothing else is far too great.

Our system is responsible for the conditions described. Teachers are appointed because of social connections, family influence, religious influence, and the scientific achievements of the individual concerned. In choosing a teacher, his qualifications as a physician are only too often insufficiently considered. I shall discuss this aspect more fully later on.

At the clinic where I was employed there were seven assistants of average character and average capacity. We knew that many of the things which were done were unmedical and we criticized conditions and proceedings quite frankly when talking among ourselves. However, in our relations with our chief we never uttered a word of disapproval or put a question suggesting doubt. I think our mouths were closed not through cowardice but through mistaken veneration of what was, after all, pseudo-science. It required years of self-criticism and deep thought and labour on my part to free myself from the awe of science falsely so-called. At last I became a free man, became a real physician, and was able again to read medical books and medical journals and to attend medical

congresses and discussions without bending the knee before false medical idols.

Let me return to my experiences at the clinic. I was disappointed not only as a physician, but also as a devotee to science and to truth. Hitherto I had believed that all the printed scientific publications emanating from the university institutions were absolutely true and reliable. My teacher of surgery had always put before us as an example to follow the love of truth and the courage of that great surgeon Billroth, and he encouraged us to practise self-criticism by severely criticizing his own operations. My old teacher had always advised me to undertake scientific experiments and to describe with scientific accuracy all I had seen and measured without adding or subtracting, suppressing or colouring even the slightest facts. While working at the clinic I became acquainted with scientific activities of a very different kind.

A short time before I joined the clinic, a former assistant had made systematic counts of leucocytes in sick women before and after operation and had published the results of his investigation. I was to continue the work of counting leucocytes. Something very strange happened. Although I worked with the greatest industry with the microscope, I could not arrive at clear results in my counts. In the printed publications of my predecessor results were wonderfully convincing. Everything fitted in with mathematical accuracy. In trying to continue his work, my results were disappointing. Some cases fitted with the theory of my predecessor. However, there were exceptions which seemed inexplicable. At first I believed that my lack of experience in observation and in the technique of counting leucocytes was to blame. I redoubled my efforts to get results similar to those of my predecessor. However, I failed through no fault of my own. When I tried to continue other



methods of scientific investigation I also discovered that my results and those of my predecessor were very different. I felt very unhappy, was much worried, spoke about my difficulties with others, complained of my inadequacy. At last one of my superiors, a doctor advanced in years, told me with an ironical smile: "You will never get on in the world if you make scientific investigations and base your theories upon your actual findings. The thing which you have to do is to propound a theory and then adapt your scientific findings to your theory. Otherwise your labours will be without result." His frankness caused me to discontinue my scientific labours. I had no gift for "adapting facts" to any theory.

I discovered that our statistics relating to the changes of temperature among women in childbirth were untrustworthy and that the mortality statistics after certain operations were equally misleading. We assistants criticized severely these methods of deception when discussing the matter in the laboratory or at private meetings, and we could not consider sufficient the argument in favour of the doubtful proceeding mentioned that in other clinics similar deception was practised. However, nothing was done to protest against this scientific humbug, apart from these very strictly private murmurings and objections.

I vividly remember many of the conversations and set discussions among us assistants. One of these has remained very strongly impressed upon my memory. The question was raised what a doctor should do if he was called to a woman who had given birth to a child, who was suffering from severe hæmorrhage from the womb threatening her life, the doctor in attendance being unfortunately without rubber gloves and not having time to disinfect his hands with scientific thoroughness in accordance with custom. The question was put whether a doctor handicapped

in this way should operatively intervene to save the life of the woman or should do nothing. Opinions were strangely divided. A large number of men were in favour of observing the demand for scientific asepsis under all circumstances and to allow the poor woman to bleed to death !

I would like to contrast this theoretical discussion with an actual experience of which I have personal knowledge. One of my colleagues was called to a woman who had just had a child. She suffered from severe hæmorrhage from the womb. Her life was in the greatest danger. In addition she suffered from a recent attack of syphilis. The outer part of the sexual organs were covered with large syphilitic sores, discharging syphilitic poison. My colleague had not brought rubber gloves with him. Although aware of the danger of infection, he endeavoured to save the life of the patient by using his unprotected hands. When he had done the needful, he carefully disinfected his hands. Unfortunately it was too late. A few weeks after the event he noticed with horror that he had been infected with syphilis. Only a true physician can act in this selfless manner. A medical practitioner would not have cared to run the risk.

Some of my readers may say that the details I furnish are mere chit-chat. They may accuse me of exaggerating actual conditions. Those who reproach me in this manner do not know what is going on around them. I never generalize. I merely give facts. However, I think I ought to base upon my facts the demand that medical students ought to be taught the science and art of healing not by medical practitioners but by true physicians.

Among the medical practitioners teaching the students there are many who are specialists and scientists of eminence. These should pursue their vocation at special institutions devoted to research,



but they should not be allowed to treat sick and suffering human beings. The influence of mere medical practitioners upon young doctors in training and medical students is disastrous. In my case many years were needed to make good the moral injury which I had suffered at the universities and other teaching institutions.

I do not wish to be unjust to the clinic where I was working. During the four months which I spent at that institution I acquired much useful knowledge, particularly with regard to surgical technique. At no other institution have I seen greater ability in making vaginal operations. However, the most valuable thing which I learned during the time was the recognition that technique and science, if pursued exclusively, may destroy in us the qualities of the physician and that the calling of the physician is entirely different from that of the medical practitioner. That idea has never left me.

My next experience was that as an assistant at the surgical department of a hospital in the west of Germany. My chief was an elderly kind-hearted man with a strong sense of humour. He was an excellent character, but not a great surgeon. Many years of experience and of activity at the hospital had enabled him to make a fairly good diagnosis and to act with wisdom. The daily task of the surgeon was performed with conscientious care, but without inspiring ability, without grasp and without genius. My chief lacked vision, was conservative and could not abandon his old routine for a valuable innovation. I remember the day when a boy 11 years old was brought to us. He suffered from an old luxation of the elbow. It was impossible to correct the sprained elbow without an operation. My first teacher of surgery had described in print some twenty operations of sprained elbows, all of which had been successful.

The boy was to be operated upon with a view to getting the limb into the normal position. The skin on both sides of the elbow was incised, but instead of cutting deeper and opening the joint, the surgeon, frightened by the responsibility, refused to go on and the skin wounds made by the incisions were closed up with a few stitches. I felt morally obliged to advise the boy's mother to take her son to another surgical institution in the neighbourhood. The proper operation was performed on him and the crippled boy was thus enabled to use his arm once more.

I stayed at this institution for nine months and left it because I felt that it was not worth my while to work as an apprentice under a surgeon of insufficient capacity.

My next experience was a more favourable one. I entered a large hospital in the north of Germany. The principal surgeon was a man of genius. His practical knowledge was vast. He was a man well known for his originality. His name will always be favourably mentioned in the history of surgery. Besides, he had an excellent technique, possessed great skill and could make a quick decision. I learned much from him. The most important thing which I learned was his way of examining patients with care and with an absolutely open mind. He never tried to impress us by a lightning diagnosis made at sight, the kind of diagnosis which young doctors and conceited men of experience like to make. Every case, and even the simplest, was diagnosed with the most meticulous care as if it was the first of its kind. My chief often put all his assistants to shame by his extreme, painstaking carefulness.

In the middle of the night a girl was brought to the hospital. During twenty-four hours she had suffered from high fever, nausea, vomiting and from severe pain and extreme sensitiveness to pressure in the right



side of the abdomen. We assistants immediately diagnosed an acute appendicitis. It seemed indeed the correct diagnosis. The principal surgeon was called. He examined the girl with the greatest care as if he had never seen a similar case. Having done so, he said : " The whole abdomen is severely swollen, the right side of the abdomen is extremely sensitive to pressure, all indications point to acute appendicitis. However, gentlemen, have you examined the urine ? " " No. " Use of the catheter disclosed cloudy urine containing pus. The diagnosis was made of inflammation of the right kidney. The further course of the case showed that the diagnosis was correct.

Next case. A boy of 12 years arrived. He had complained for a year of a pain in the right hip. He had been limping for a long time. We assistants diagnosed tuberculous inflammation of the hip joint. Once more the chief, who had undoubtedly treated thousands of hip joints, investigated the case with almost pedantic carefulness. He came to the conclusion that there were indications both for and against our diagnosis. He ordered an X-ray, which disclosed Coxa Vara, a downward bending of the bone, without any indication of tuberculosis.

During all the time I worked under my new chief I never saw an unnecessary operation. If he made operations which are nowadays disapproved of, such as the sewing up of a floating kidney or of a sunken stomach, we must remember that he acted in accordance with the views of his time. He was undoubtedly convinced of the utility or necessity of these operations. His publications were few. He refused to give himself prestige by publishing large numbers of uninteresting cases, and if he published anything, he merely gave the bare facts without unnecessary comment or ornamentation.

Patients often complained about the silence of our

chief and about his apparent roughness. These complaints were justified only in part. My new teacher did not possess the personal magnetism and warmth and charm of my first professor of surgery. He pretended to be rough towards patients in order to protect himself against unnecessary questions. He was unable to carry out his heavy, responsible duties and to give at the same time lengthy explanations to patients. Those who met the surgeon in the circle of his family or among his friends saw a different man from the surgeon at the bedside or at the operating table, for then he was full of good humour, merri-ment, fun, laughed, joked, made verses, etc.

I noticed a great contrast in comparing this institution with the university clinics where I had been working in the past. I was particularly struck by the familiar relations which existed between my chief and his assistants. Yet none of us considered him one of our equals. We recognized his vast superiority of knowledge and of ability. He was a real master of the science and art of surgery and he was at the same time a great and imposing character. However, we did not show devotion to him by unworthy flattery.

Some years later I travelled for some months in the United States, where I visited many universities. I found that in the American Republic the professors and principal surgeons bear without exception the simple title doctor. Many American surgeons told me that, when visiting German clinics, their greatest worry had been that they had to remember the titles of the men with whom they came in contact, such as doctor-in-chief, director, professor, privy councillor, councillor of Court, Excellency, etc.

I am afraid I am wandering from the topic of my book. I had the greatest admiration for my chief during the six months when I acted as assistant, and during three and a half years when I acted as



first assistant and as representative of my chief. Nevertheless, I felt all the time that there was a big wall between my chief and myself. To-day I know what separated me from him. My chief was a surgeon, was nothing but a surgeon and was determined to be nothing but a surgeon. I, on the other hand, was, in the first place, a physician. My chief, like so many eminent surgeons, held purely mechanistic and materialistic views. Perhaps he did not deny the existence of the soul, but he overlooked it consciously or unconsciously. He disregarded the sentimental factor in examining and treating patients. I was unable to do likewise. I recognized the important part played by moral and sentimental influences upon the origin and course of many diseases. It seemed to me that among the various means which can be used to convert the disharmony of the organism into harmony, surgical intervention is only one out of many measures which may be employed, and that operation is not always the best nor the least dangerous remedy. Such considerations may be philosophical, but they may have the most profound influence upon the activities and character of a medical man.

I gave up my assistantship after four years, because I did not wish to live among strangers any longer. I did not care to be the instrument of another will. I thought that I had learned enough to act independently. At the same time it was clear to me that a physician never finishes his education and that one acquires fresh knowledge every day.

When I started on my own, I got on very well. At the beginning I rented a few plain rooms, but after three years' activity I was able to establish a clinic of my own. It was specially built for me. I love the place where I labour. Only once I had the wish to exchange my clinic for a large institution giving me greater scope. A director was wanted at

a hospital. I offered my services. My name came before a large committee. Among its members there were numerous doctors who had known me and my activities for twenty years. They said: "Liek will in no case be appointed." I confess quite frankly that my failure hurt me, but perhaps I merited it. I do not think I am given to self-admiration and I believe I know both my qualifications and my limitations. However, I had made a mistake. I had forgotten the words of professor Paul Römer, a highly cultured and refined man, who died far too early: "Those who try to base their position exclusively on their achievements, must not expect recognition of these achievements on the part of the crowd."



## CHAPTER V

### PHYSICIAN AND PATIENT

They that are whole need not a physician, but they that are sick.

*Bible.*

THIS chapter will be one of the shortest of my book. Every patient requires his own type of physician. The personality of the doctor and the personality of the patient must harmonize, must co-operate. One cannot treat exhaustively the purely personal relations between the healer and the sick. However, one can discuss the position in a general way.

When I established myself, a friend of mine, advanced in years, and an excellent medical man, told me: "If a patient comes to see you, whoever he may be and whatever he may desire, receive him as if he was one of your dearest friends, and, before all, give him plenty of time." I have learned that medical men usually take very little trouble about their friends and relatives and have rarely any time for them. Therefore the better advice would be: "Treat patients in exactly the same manner in which you would like to be treated if you yourself were sick." These simple words contain the sum and substance of medical ethics and of ordinary human ethics, and they form the basis of all medical success. Sydenham, the great English physician, told us three centuries ago that he treated every patient in exactly the same manner in which he himself would like to be treated,

if he should happen to suffer from the patient's complaint.

The relations between physician and patient must be such that the physician has always and under all circumstances the feeling that he stands above the patient, that he occupies a position of authority and that he confers benefits upon him. The fact that the doctor is paid for his services has nothing to do with the matter. If these natural relations between doctor and patient are disturbed or changed, both doctor and patient are likely to suffer.

The foundation of the relations between physician and patient is to be found in the fact that the doctor must always retain his superiority over the patient, and as no doctor can do justice to cases of all kinds, he must decide whether he will treat the patient and whether he is able to treat him. The free choice of the doctor must not be a one-sided arrangement, allowing only the patient to choose.

In making these remarks I do not mean to deal with the question whether a doctor should undertake cases which he is not qualified to treat. A general practitioner should of course not operate for cataract, nor should a specialist for diseases of the ear try to treat a fractured bone. That is a matter of course. Nowadays, when private practices are dwindling, one often gets the impression that general practitioners frequently do things which they ought to leave to specialists, and that specialists undertake treatments which have nothing to do with their speciality. There are gynecologists who treat all disorders and diseases of women, even if they are outside the province of the gynecologist proper, and there are specialists for children's diseases to whom a child remains a child for ever and ever.

I do not want to indulge in carping criticism. The thing is more serious if a doctor who is looking after a well-to-do patient suffering from an infection or an



exuding and spreading inflammation, or from appendicitis or from a suppurating gall bladder, continues treating him medicinally because of the fees obtainable, instead of sending him to the surgeon, as he ought to. Of course, we must remember that often enough the delay in calling in the surgeon is not due to the physician but to the patient who is afraid of an operation.

I wish to deal with the very important question, what the character of the relations between physician and patient should be. Let us doctors forget about the particular disorder or disease which comes before us and let us think only of the personality of the sick person. In my opinion the true physician should undertake the treatment of a sick individual only if the right moral relations between doctor and patient are assured. If the physician gives his best, his knowledge and his personality, to the patient, he has a right to expect that the patient will surrender himself to his care. The physician must practise so much self-denial and he must sacrifice so much that he must defend the dignity of his calling to the utmost. He must carry with him the conviction that his services are so great and so valuable that no remuneration, however generous, will repay him for what he does. Happily we have as yet not become Americanized to such an extent that the value of moral obligations can be measured in cash.

I had to tell a wealthy merchant that I had discovered a large ovarian tumour in his wife. Like a smart business man he asked : " Look here, doctor, be quite frank. Do you advise an operation because it is really necessary or because you wish to make money ? " My answer was energetic and to the point. I feel sure that that man has never again dared to put such an impertinent question to a medical man. The fact that a man of education can form such ideas is due to the existence of doctors who are not physicians,

but medical practitioners who are money-makers in the first place and practitioners of medicine or surgery only in the second.

Experiences like the one mentioned are exceptional. However, one notices fairly frequently, after a few words exchanged between patient and doctor, that the two parties speak two different languages and that they cannot act in harmony. The success of treatment may become doubtful, not only because the patient distrusts the doctor, but also because the two parties do not happen to see eye to eye. A patient may demand a particularly painstaking and lengthy, but more or less unnecessary, physical examination because he happens to be a mayor, or a sheriff, or a justice of the peace, or the chairman of a company or the director of a bank. As far as I am concerned, there are no social grades in my consulting-room. The people who consult me are treated exclusively as sick people, not as justices of the peace, bank directors, etc.

Every patient requires not only medical advice but a medical adviser suitable to him as a character with whom he is willing to co-operate. Dr. Schweninger, Bismarck's physician, once said: "The doctor must rule his patient. He must be the stronger man." There are physicians who cringe before patients of wealth or high social standing. That attitude is deplorable. It gravely interferes with the effect of treatment. The faultiness of this attitude towards patients has been clearly pointed out by the wise saying of Bismarck: "My former doctors treated me as I directed them. They carried out my own ideas. I took them in hand, but my present man, Schweninger, treats me according to his own views." Bismarck had been treated "according to his own ideas" by no less than one hundred physicians, among them so great a celebrity as Professor Leyden.



Unfortunately relations such as those which existed between Bismarck and his hundred doctors are by no means exceptional. There are many, many doctors who allow their patients to treat themselves. Of course, when this is the case, the prospect of cure is not hopeful. I do not want to discuss the question whether Schweninger treated Bismarck correctly and ably from the medical-scientific point of view. Medical-scientific treatment would probably have been given far better by greater physicians and specialists than Schweninger. However, medical-scientific treatment is only of secondary importance. The personal relations between doctor and patient are all-important, and Schweninger knew how to adopt the right attitude towards Prince Bismarck and to retain his authority over him. Every patient, even the most eminent, wishes to be guided. We owe it to Schweninger's energetic medical handling that Bismarck lived for nearly twenty years after being dismissed with disgrace, spending his time in bitterness and sorrow.

A few years ago a colleague of mine asked me to call with him on a very wealthy business man, one of the newly-rich, who complained about a severe infection of the hand. We two went to his magnificent office, were kept waiting for a while in an ante-room, and at last were allowed to approach him. The so-called "severe infection" was a scarcely visible pustule on one of his fingers. My colleague asked me to undertake the case. Two days later I received a summons to call again at his office. I declined and sent him a message that if he wished to consult me he would have to come to me. His messenger, one of his clerks, was amazed and pointed out to me the enormous wealth of his employer which enabled him to pay large fees for medical visits even if they were quite unnecessary. Instead of showing the expected servility, I refused with still greater energy. The man

of wealth realized the justification of my attitude and we became good friends.

When I discussed this case with colleagues they were of opinion that I ought to have acted differently. They thought that I had showed unbecoming and unwise pride. They argued that one could punish people of this type by charging them specially high fees. I cannot adopt this point of view. It seems to me that we doctors have lost so much of our prestige by submissively undertaking panel-doctoring that we have every reason to defend the slight remainder of our dignity which has been left to us. I have never had reason to regret refusing to treat a patient. If treatment is undertaken by a doctor without pleasure and without keenness it does not lead to favourable results.

Medical men must be able to select their patients with complete independence. They must always be animated by the conviction that they are the party which bestows a benefit. That attitude can be maintained only if doctors enjoy complete independence of mind and financial independence as well. Unless this attitude is observed, the doctor cannot do much good. I clearly remember that during the first few months after I had established myself, my income amounted to from £3 to £4 per month, while my monthly expenditure on rent alone came to £15! Yet I thought even then that a medical man who, when meeting a new patient, has to ask himself whether the new patient is financially worth treating, was only half a physician. I began to feel the joy of life only when I became financially independent and when all my thoughts could be concentrated upon the problem of curing the sick.

There are doctors who allow their patients to treat themselves. The most unfortunate doctors are those men who prostrate themselves before their more



prosperous patients. Such doctors will accept humiliations and insults from their patients without flinching. That is a disastrous attitude. Patients who expect a flexible backbone on the part of doctors must be left to those doctors who lack self-respect. The doctor's authority must be maintained at all costs. The contempt with which the attitude of flatterers is considered, even if they are men of the greatest eminence, may be seen from Bismarck's opinion about Alexander Von Humboldt, the great naturalist. Dr. E. Cohen, who was Bismarck's physician at Friedricheruh during the years 1880 to 1884, wrote :

"Bismarck said that the great Von Humboldt was a spineless, grovelling courtier who, like a common courtier, squirmed before royalty to the contempt of the soldiers. He endured patiently every humiliation and waited for hours in ante-rooms hoping to be allowed to see King Frederick William IV."

I have seen many times that the result of medical treatment depends not so much upon the doctor's knowledge and ability, which he should possess as a matter of course, as upon his character and personality. Occasionally we find that a plain general practitioner without title, position, wealth, etc., is highly successful with patients of every kind because of the strength of his personality. On the other hand, there are medical men who become fashionable because they impress patients by carefully chosen, well-fitting clothes, by their acquaintance with distinguished men, by a historic name, by belonging to a first-rate club, by possessing good features, a good figure, pleasant manners, a large income, a wealthy wife, and particularly titles which impress the shallow. I shall discuss the great importance of personal appearance and of other apparently unimportant factors in another chapter.

The influence of the doctor's personality and individ-

uality cannot possibly be over-stated. In case of illness, the confidence inspired by the physician is of supreme importance to the patient. Dr. Schweninger, Bismarck's physician, can be criticized from many points of view. However, so much is certain, he was a man, and we must remember that he frequently told his patients with magnificent assurance: "You will never see me at the end of my resources."

Many doctors, especially those who are over-burdened with scientific knowledge, overlook the tremendous importance of personality and attribute all medical failures to faulty treatment. In many cases, but of course not in all, it does not matter very much whether the doctor writes out a prescription or whether he uses electrical treatment or psycho-analysis or surgical treatment. The patient gets well not because of the treatment received but, one might almost say, in order to please his doctor. He fulfils the doctor's wish, or obeys his will. This is particularly true in the case of women. Women are given to hero worship and they are ready to worship a doctor who is not only a medical practitioner but a man of strong character and of impressive personality. Many sick women get well because they have found at last in their doctor a man able to guide them through life or a man whom they can admire and worship. Many women come to the consulting-room, not in order to be treated but in order to confess. Occasionally the opposite thing happens. Many women do not wish to get well because they worship their doctor. Medical men must tactfully prevent women remaining ill through attachment to themselves.

I am acquainted with a considerable number of eminent surgeons who have told me that they are not interested in the consulting-room side of their occupation and that they do not care to cultivate it. My attitude is entirely different. A man who has



been an active surgeon during more than twenty years ceases to be interested in the technical questions of surgery. For instance, in the case of a gall-stone operation it is of very secondary interest to me whether I approach the gall bladder from the *fundus* or from the *cysticus* side, nor am I greatly interested with regard to the management of the stump remaining after the operation, the drainage of the wound, etc. It seems to me far more important to inquire why the normal working of the gall bladder should come to an end, why stones should be formed in it, and whether worry, excitement and other sentimental factors can lead to their formation. The most interesting problems and ideas occur to us at least as often in the consulting-room as in the operating theatre.

It is quite certain that consulting-room work is far more strenuous than actual surgery. I would rather operate during three or four hours without a stop than discuss their condition with patients during a single hour. The former activity involves a smaller exertion than the latter. In the operating theatre the surgeon is merely mechanically active. In the consulting-room his mind has to contend with another mind and resistances and arguments and other difficulties have to be overcome. More brain work is needed in advising patients than in mechanical surgery. It has been well and truly said that the good surgeon can be recognized not by the operations which he performs, but by the operations which he refuses to undertake. In an article written by Kulenkampff, I read :

“To operate is as a rule a purely mechanical affair which only needs a good mechanic. The refusal to operate is an achievement which calls for the finest diagnosis, the most careful consideration of all arguments for and against, the severest self-discipline and the most highly developed power of observation.”

There is another reason why many of the most prominent surgeons do not wish to meet patients in the consulting-room. It is a fact that those who have the least need of our assistance rob us of our time to an unconscionable extent. I would mention a experience which I have frequently had. Sometimes, when detained by urgent and lengthy operations, I have sent a message to the patients in my waiting-room that in all probability I should be detained for an hour or two and have asked the less urgent cases to return next day, while very urgent ones should wait for my arrival. As a rule, when I arrive at my consulting-room completely exhausted, an hour or two late, I find that only three or four patients have waited for me. I give an example. The first patient is a lady on whom I made a trivial ovarian operation four years ago and who visits me every few weeks, telling me that she believes she suffers from cancer. This time she tells me the same story. When I examine her very carefully and tell her that there is not even the slightest suspicion of cancer she has a crying fit and says that I withhold the truth from her. The other three patients, who have waited for more than two hours, suffer from trivial functional disturbances which could not possibly affect their health, life or comfort.

The patients who wait, and who insist on the urgency of their case, notwithstanding my exhaustion, are *malades imaginaires*. When I inquire what was the matter with the twenty patients who left the waiting-room when they received my message that trivial cases should return the next day, I find that among these "trivial" cases there is an elderly man with cancer of the stomach, a woman with a huge goitre which almost asphyxiates her, a young man with a stricture of the œsophagus, a girl with an ingrown toenail, etc. The patients who showed consideration for me



were the very patients who were really very seriously ill and who urgently wanted help. Such experiences occur again and again.

Patients who are seriously ill can rapidly be dealt with on the basis of fact. Patients with trivial functional or nervous disorders claim an undue proportion of the doctor's time and patience. Those of us who see many patients and who look around and discuss medical affairs with other doctors soon discover that patients like to go to those doctors who pursue active treatment. Such doctors are always very successful, even if their diagnosis is faulty. Sick people instinctively desire not to be diagnosed, not to be considered as an "interesting case," as a medical conundrum, but they wish to be treated. It may seem strange, but it is true, that the scientific knowledge of the doctor is of quite secondary importance, provided the doctor possesses the desire and the will to help. These things are felt by patients, and the success of many quacks can be explained by their attitude of mind, by their eager desire to be useful.

Every single case of a disease, however frequent that disease may be, is an individual affair, is a case with entirely new and individual features. All cases of the identical disease are as different from one another as are the features and personalities of the sick people themselves. The art of the physician consists in adjusting his attitude and treatment to the particular requirements of every individual patient and of the patient's family.

During the Great War I was working for some time at a hospital in a provincial town. A lady, the wife of another doctor, consulted me about her first child, a little girl of seven months, with all the indications of rickets. I told her: "I am sorry to see that your child has rickets. You should alter her diet and give her cod-liver oil." She was horrified at my

words and rushed out in confusion. A fortnight later she called again and looked the picture of happiness. She said she had to make a confession. When told that her baby was rickety, she consulted in her anguish a well-known specialist for children's diseases in another town. He had patted her on the back and had put her mind at rest with the words : " There is not the slightest trace of rickets in your little girl. The child merely suffers from softening of the bones which can easily be rectified with Scott's Emulsion, Kandiolin tablets and a slight change of diet." My colleague was obviously an abler man than I, not as a diagnostician and medical practitioner, but as a physician and judge of character and manager of men and women.

Many patients have a strongly developed instinct telling them whether the medical man is disinterested and eager to help or whether he is eager to make money. They know quite well whether they have to do with a physician or merely with a medical practitioner. One is reminded of the anecdote of two doctors who met a patient in consultation. The patient suffered from some functional disturbance. After seeing the patient one asked the other : " Well, how are you going to treat the case ? " " With the electrical current." " And for how long ? " " Well, I think up to 120 marks." Very likely the anecdote is mere invention. Still, it is worth telling. At any rate I think this way of treating patients is not only unmedical, but it is also unwise.

Every unnecessary treatment, every day spent for no purpose by a patient in a clinic, is not only injurious to the prestige of the medical profession, but is in the long run injurious to the physician responsible. Friederich Hoffman wrote in 1746 : "*Prolongare curationem lucri majoris causa, infame est* (It is infamous to prolong the treatment of the sick in order to make



more money out of them).” Shortly after the discovery of salvarsan, which is still the most efficient remedy against syphilis, when the medical world was hypnotized by the idea of the *therapia magna sterilisans*, many medical journals, among them the *Ärztliches Vereinsblatt*, printed eloquent complaints made by dermatologists that salvarsan would threaten the existence of their profession or would at least greatly reduce their yearly income. Such low ideas can be formed and expressed only by medical practitioners, not by physicians. I cannot help asking myself whether it was wise and humane to allow and even to encourage the transformation of the physician into the medical practitioner.

It is also questionable whether it is permissible to keep secret the composition of certain valuable remedies. I would remind my readers that the forceps used at childbirth was kept secret for decades by the English inventor and his descendants. The true physician, the physician whose principal aim is to cure sick people, will always endeavour to do the maximum of good to the greatest number of men without afterthought and without selfishness. For the medical practitioner the art of healing is merely a business like any other profit-making business.

Occasionally the financial exploitation of the sick by medical men assumes forms which causes every true physician to blush with shame. I would remind my readers that, for instance, during the time when tuberculin and salvarsan were still in the experimental stage, some eminent specialists and researchers were given a small supply of these remedies for testing them on a number of patients before putting them on the market, with a view to ascertaining their effect. These men were bound in honour to make conscientious experiments and to report their observations as to whether these medicaments would do good or harm

and to find out the dangers connected with their use. Among the specialists and men of science who were given these materials for purely scientific purposes, there were unfortunately some who were medical practitioners, anxious to make money at any price, who abused the possession of a small quantity of the new medicines in order to enrich themselves. Like the alchemists of the Middle Ages they knew how to convert one element into another. They converted the arsenic of salvarsan into coined gold.

I would illustrate this state of affairs by a further example. Very frequently ladies come to me who suffer from a trivial abnormality in their abdomen, such as a slight enlargement, or prolapse of the uterus, or a slightly swollen ovary or something of the kind. Still more frequently they complain about a slight vague ache in the right side of the abdomen which is frequently, but quite mistakenly, diagnosed as chronic appendicitis. Such ladies occasionally come to me a few weeks later, returning from a holiday trip, and show me a fresh scar on the abdomen and tell me: "When my husband and I were in Berlin I saw a high authority on abdominal diseases, my husband insisted upon my doing so, and he discovered that an immediate operation was absolutely necessary. In fact, it was so urgent that the consultant retained me in his clinic and operated on me the next day."

It may be objected that I am a poor diagnostician and that I had not attached sufficient importance to a serious complaint. As it happens, I see numerous patients who have been hastily operated upon for appendicitis because they complained about a vague ache in the appendix region, and who, after the operation made by somebody else, do not feel any better but usually feel worse. However, although I have seen thousands of patients with appendicitis and although I have made more than 14,000 appendix



operations, I am only an average surgeon. Let us then listen to the words with which Dr. Körte, that great master of surgery, addressed the Surgical Congress of 1911. He said: "Operations for appendicitis should be undertaken only if the surgeon himself, or a doctor who is known to him as absolutely reliable, has actually observed an undoubted acute attack of appendicitis. Unfortunately many patients do not favour a policy of watchful waiting. Many women go to a gynecologist who diagnoses adhesions between appendix and ovary, and who extirpates either the one organ or the other or both." Such facts and pronouncements justify my discriminating between physicians and medical practitioners and between physicians and surgical practitioners, and I think that neither medicine nor surgery has gained by the medical profession being swamped with medical practitioners and surgical mechanics.

The physician can do a vast amount of good, even in absolutely hopeless cases. I notice this again and again with cancer patients. At the moment I am treating an elderly man who suffers from inoperable cancer of the stomach. He had been to a hospital. The diagnosis had been made quite correctly by observation, examination of the stomach contents, X-ray photograph, etc. The man had been told that nothing could be done for him and that he should go home. His wife has been told by the doctors that her husband could live only seven months at the utmost.

Although secrecy had been strictly enjoined, she ran home and immediately told her husband. The unfortunate man was in the deepest depression and counted the days and hours to his death. The feelings of a man condemned to death have been wonderfully well described by Dickens in *Oliver Twist*. A criminal condemned to death counts the hours before his execution. Yet, it is exceedingly easy to help such a man.

I told the unfortunate cancer sufferer that a swelling could quite easily be felt under the ribs. But whether that swelling was really cancerous could not possibly be ascertained without an operation. Very frequently such swellings or growths were non-cancerous. At any rate there was not the slightest reason to consider his case hopeless and I thought it worth while to treat him for his trouble. I prescribed for him laudanum in a weak form to free him from his pain and a little condurango, and every week I have been using on him subcutaneously one or the other of the numerous cancer remedies which researchers have evolved.

Being a man of science, I believe, notwithstanding the voluminous writings praising their efficiency, lectures, X-ray pictures, case-histories, etc., that these cancer remedies are rubbish and are due to deception or self-deception, but, being a physician, I am delighted to be able to tell my patient that Professor So-and-so, a great celebrity, has discovered a remedy for the kind of tumour from which he suffers and that I am treating him with it. Locally I am treating the swelling with diathermy and occasional use of X-ray, although science does not discriminate as yet between those doses of X-ray which are irritating and those doses which are destructive. In the meantime seven weeks have gone by and my cancer patient has wonderfully changed. He looks far better, has gained in weight, is free from pain, and has regained the joy of living. He tells me that the swelling is distinctly much smaller, although in reality it has remained the same size.

The poor fellow will probably die in about seven months in accordance with the hospital prognosis, but it makes a great difference to him whether he spends these seven months in the deepest depression and misery or in hope and cheerfulness. I trust that I



shall enable him to complete his life's journey without pain and in the hope of recovery.

That celebrated clinician Reil, referring to his incurable patients, told us : " My incurable cases have lost their lives but they have never lost hope." The physician is bound in honour to alleviate the last sufferings of his patient, even if he is aware that the patient's relatives will repay him with ingratitude. I would give an example. It is the kind of thing which I have seen happen again and again. During the beginning of my career I was fetched by a colleague to see a woman of 65 years, troubled with strangulated hernia. Two days ago the patient had refused to be operated upon notwithstanding the urgent representations of the doctor. Now it is too late for operation. The affected part of the bowel has become gangrenous, the pulse can no longer be felt, death is bound to set in within a few hours. She suffers terribly with pain and vomits bowel contents. She has the feeling that her abdomen will burst and she is perfectly conscious. Having examined the patient, my colleague and I retire into another room and discuss the position. The condition of the patient is absolutely hopeless. The relatives are aware of the fact. Hence the task of the doctor is limited to the use of the morphia syringe. My more experienced colleague opposes the use of morphia and tells me : " You are only a beginner in medicine. You do not realize that the relatives will accuse you of having killed the patient. I am not going to use morphia because I have been accused of having put patients to death when I have done so in the past." I refused to listen to him, gave morphia, in a few minutes the patient was in a deep sleep and in three hours she died without pain. Half an hour after her death her son came rushing to me and overwhelmed me with loud reproaches. He shouted at me that I had given too much morphia to his mother

and had killed her. If I had not used morphia, she might have come through the attack. I must confess his reproaches did not give me a sleepless night.

The greatness of men is frequently shown in cases of incurable disease. In such circumstances I find as a rule that women are far more heroic than men. Quite at the beginning of my activity I replaced a gynecologist on his holidays. Two days before his departure he had operated on a young woman with a tumour in her abdomen. In opening her up he had found an inoperable cancer of the ovary, had closed the abdomen and left matters to me.

On the first day when I looked after his patients, the husband of the unfortunate woman came to me and asked me what my colleague had discovered. I told him the sad position disclosed on the operating-table and impressed upon him the necessity of not telling his wife anything about the seriousness of her condition because otherwise she would be in despair. Shortly afterwards I went to see the woman and found the following extraordinary position. The husband was sitting at the bed of his wife, crying bitterly, and the wife was consoling him.

What had happened? As soon as the husband had been told that his wife was doomed to death, he had gone to the clinic, had told his wife that she would die in a few weeks and had overwhelmed her with reproaches that she was leaving him behind with two small children. The excellent wife consoled him as if he were the sufferer and advised him to marry after her death a girl friend of hers who was very fond of children and who would make an excellent wife for him. Her plans were carried out. The wife died like a heroine and the husband married the girl friend.

Such happenings are by no means rare. In discussing the attitude of the two sexes I frequently meet with contradictions when I state that, generally



speaking, the woman has more pluck than the man. The argument about wars and battles is, of course, mistaken. The soldier does not know whether he will receive a bullet. People who enter the operating theatre know quite well what will happen to them.

Nowadays biological problems and racial problems are much more to the fore than at any time in the past. The more interested medical men are in biology and in the question of race improvement, the better it will be for them. They will be able to act not only as healers of disease but also as trainers of men, as creators of physical and mental health. These functions were well fulfilled by medical men of the past who worked without the modern scientific methods and appliances. However, I need scarcely point out that a physician should always be a physician and nothing but a physician in treating the individual patients. Biological and racial considerations must be given secondary consideration when treating sick people.

Unfortunately it frequently happens that a doctor acts unintelligently and worse from the humanitarian point of view. Years ago I treated a man, 87 years old, who suffered from cancer of the larynx. The tumour in the throat was quite small and created little trouble, but the disease had spread to the back of the neck and had produced a tumour as large as a fist which pressed upon the nerves and the bones of the spine and which caused fearful pain. No operation was possible. X-ray treatment had been unsuccessful. The pain was temporarily alleviated by morphia but it always returned with increasing violence. Six weeks after I received a telephone message that the old man had opened his pulse arteries with a razor. I went to my patient without hurrying. When I arrived, I found that the weak old man had tried to cut through the artery of the left hand but had not

succeeded. He had merely made a cut into the skin, injured a sinew and opened a vein which was slowly oozing out a little blood. I sewed up the wound and the old man asked me sadly: "What are you doing to me? I am an old man. I have had everything that I can expect. Work, success, a good wife, healthy children and grandchildren. I have only one wish which I address to you as a doctor and as a human being, and that is to free me from my torments. Is it right and fair and human that you prolong my agony instead of ending it?" The old man was justified in making this protest. Still, even in such cases the doctor must be guided by his conscience. In this case my conscience did not allow me to destroy a life although life was not worth living.

Very few people have an idea of the mental struggles of a doctor who has a keen sense of duty and of responsibility. On the other hand, there are those who convert a molehill into a mountain. At an evening party I met a prominent business man who complained bitterly to me about his trouble. One of his clerks had delayed sending off a telegram and the delay had threatened him with a considerable loss of money. This affair had given him sleepless nights and he felt very ill in consequence. Happily he had succeeded in putting matters right, but a settlement had been arrived at with the greatest difficulty and had given him no end of worry. When I asked the man what was the amount of money that had been at stake, he told me that the sum came to about £50. I said to myself that I would gladly lose ten times and twenty times as much if a week previously I had not operated upon a woman suffering from exophthalmic goitre. She died four days after the operation and I had been reproaching myself every day that I had operated prematurely, that I ought to have prepared the patient for the operation during a couple of weeks. Loss of



money is nothing. Money lost can be regained. We doctors have greater worries than thoughts about the loss of a little cash.

I would like to wind up this chapter with a few remarks about the duty of silence in medical men. When I was quite a beginner I received a lesson which taught me that a doctor cannot be careful enough in talking about his patients. I was looking after a middle-aged schoolmaster who suffered from a number of functional and organic disturbances in the abdomen affecting the urinary apparatus. In consequence of his troubles the patient had become very depressed and nervous. He would rush to the telephone in the middle of the night, call me up from my sleep and inform me that he thought he had not made sufficient urine. At a party I met one of his colleagues who asked me with a voice full of sympathy how my patient was getting on and what was the nature of his trouble. Imagining that I was speaking to a friend who was genuinely anxious and interested in the case, I told the gentleman that he should not be worried about his friend. His disease was not very serious. My patient was nervous and somewhat hypochondriacal.

On the following day I received a letter from my patient which I shall never forget. He told me that in consequence of his disease he had been forced for years to ask frequently for a leave of absence. During his enforced holidays needed by his state of bad health one of his colleagues had taken over his work. In consequence of my careless utterance his colleagues were under the impression that his trouble was chiefly imaginary and they would no longer be ready to take his place in case of unavoidable absence. I am sure I had done a great wrong to the poor fellow. A few years after this occurrence he retired from his school and he died soon after. Ever since I have been far more careful in discussing my patients' affairs.

## CHAPTER VI

### DOCTORS AND SOCIAL INSURANCE

**A**T the beginning of my career I acted as a panel doctor and was firmly convinced that social insurance was of the greatest utility. I thought it was a blessing, not only to the people in general but also to the doctors themselves.

Let us first consider the position of doctors. Every doctor who, before establishing himself, has been working at a hospital, knows that he exchanges feverish activity at an institution for a depressing period of enforced idleness when he is lying in wait for patients who do not come. Of course it may be said that a mentally active man need never feel boredom. It is true that a doctor without patients can read scientific books and papers and can do scientific work of some kind or other. Unfortunately, in reality things are somewhat different. One cannot enjoy mental occupation or do good intellectual work if one is worried with thoughts how to make both ends meet, how to earn the scantiest daily bread.

I rapidly acquired a very large panel practice. The cases which came to me were not serious cases such as those which are seen at hospitals. Still, there were many cases which enabled me to find out whether I understood my work or not. There were injuries of every kind, infections, unimportant outgrowths, occasionally an appendicitis, a gall-stone case, etc. However, soon there arrived people who displeased me, for instance, sturdy young men who sought my help



for absolutely microscopic injuries to the skin. It seemed to me unmanly that strong young men should run to the doctor because of a trivial scratch, and I thought it still more unmanly when such individuals asked me for certificates declaring their incapacity to work. Of course I declined to certify and my patients were disgusted.

A woman came to me. According to the documentary evidence which she put before me she had been treated by forty-one different doctors. I was her forty-second adviser. I examined her with the greatest care and found nothing wrong. I can always see before me her desperate face and can hear her words: "You doctors refuse to do anything for poor panel patients. You would adopt a different attitude if I had money." That statement was, of course, quite wrong. If the woman had been wealthy, I should have politely told her: "My dear madam, the fact that forty-two doctors who have examined you in the course of years have found nothing wrong with you clearly proves that there cannot be anything very serious the matter with you. On the other hand, the fact that you have undergone forty-one different treatments without suffering serious injury obviously shows that you must have an excellent constitution. I advise you to go home and to make the resolution that you will never visit a doctor during at least two years. Please call upon no doctor, including, of course, myself." The lady would, of course, have been very angry with me for giving her this advice. She would have paid me my fee with contempt, but I might have helped her by my advice and might have helped her very much. The panel-patient woman left me with a feeling of bitterness and her impression that only the rich are given medical advice was strengthened by my attitude.

I gave up my panel practice after two years, but

I continued to be interested in social insurance because I consider this institution important and interesting for the medical profession and for the people as a whole. I read regularly the journals circulated among panel doctors, I am acquainted with many panel doctors and I see privately in my consulting-room many patients insured under the social insurance schemes. Consequently I think I am entitled to express an opinion on the subject, especially as I think I am quite unprejudiced. I shall never again become a panel doctor. If, unfortunately, the whole medical profession of Germany should become socialized, which God forbid, I should give up practising and work on a farm. I think it is better to break stones at the roadside than to eat the bread of slavery as an insurance doctor.

Let us consider briefly the advantages and disadvantages of social insurance.

The advantages for patients are the following: The poorer sections of the people who cannot afford to pay an independent doctor are assured of adequate medical attendance. Receiving professional care, many cases of sickness, injury, etc., are cured far more quickly than they would otherwise be cured and thus the productive efficiency of the nation is increased. Infectious diseases, such as tuberculosis, diphtheria, typhoid, syphilis, are recognized at the earliest date and the health of the nation is improved accordingly. The poorer people are free from the depressing feeling that they receive medical treatment as a charity, for they pay themselves, at least in part, for medical attendance by means of their weekly contributions. Besides, patients are entitled to select their panel doctor and they receive gratuitously not only medicaments, bandages, but also medical apparatus, spectacles, baths, etc., and in case of incapacity enough money to carry them over and they are received in hospitals in severe illness.



The advantages for doctors are the following : A young medical man finds it much more easy to earn his living if he has a panel practice. Experience shows that it takes a long time for a doctor to establish a private practice enabling him to make a living. At least as great is the advantage that a young medical man is permanently occupied when he has a panel practice and that constant activity enables a young man to increase his knowledge of treatment, etc.

These are the advantages. At the first glance social insurance is a blessing to the people at large and to the doctors themselves. But let us not be blinded by first appearances, high-sounding sentiments and glittering programmes. Let us inquire a little more closely into the position and let us look into the disadvantages of social insurance.

The disadvantages for the sick are the following : In the first place the natural relations between doctor and patient are destroyed. Entire confidence between the two is lacking. Between the patient and the doctor stands the bureaucratic administration. A person who is sick must first appeal to the employer, then he has to apply to some official and at last he goes to the doctor. This complicated course may be unimportant in case of an injury, let us say a broken bone, but this procedure is troublesome in the innumerable disorders which affect both body and mind. For many patients it is an exceedingly depressing thing that they are not merely Mr. or Mrs. So-and-so who is sick, but that they are booked by the bureaucratic machinery as No. 17,469,434. Medical secrecy, as observed by every doctor, is destroyed where there is social insurance. On every document the name of the disease is written and many of the organizations do not allow the name of the disease to be given in Latin.

A further disadvantage for the sick consists in this,

that social insurance undermines the manliness of the people and causes their physical and moral degeneration. I like to remember how things were when I was a boy. My father was a school teacher with a tiny income. During the fifteen years of my home life as a boy, I think we children saw a doctor only once, or at most, twice. Things were similar among our neighbours. We boys would have been ashamed of ourselves if we had gone to the doctor because of a small wound or scratch or a swollen tonsil. We would have been the laughing-stock of our parents. If we go through the case-books of panel doctors we find that they are overwhelmed with ridiculous trivialities and that panel doctoring produces and carefully nourishes general neurasthenia and hypochondriasis. Colleagues of mine, highly experienced in panel practice, tell me that two-thirds of the activities of panel doctors are superfluous. In Poland, where social insurance is flourishing, the disease statistics have a special column of cases superscribed "nihilitis."

When Switzerland introduced social insurance for her soldiers, the proportion of the nominally sick rose so rapidly that Mr. E. Bircher declared in public if the percentage of sick soldiers would continue increasing at the present rate, the time would soon arise when all the soldiers would immediately have to be taken to the hospital. According to Balmer the percentage of malingerers convicted of having shammed sickness rose from 2·8 per cent. in 1909 to 8·3 per cent. in 1922.

We doctors have noticed over and over again that diseases and injuries of officials and of people with fixed salaries are cured far more slowly than the identical injuries and diseases suffered by those whose earnings come to an end when they are incapacitated. The desire and the necessity to get well and to return to work as rapidly as possible favour rapidity of cure to an extraordinary degree. This can be proved quite



clearly. We notice immediately and without exception that the process of healing and the time of cure are greatly extended as soon as an individual who previously was uninsured has become insured under the social insurance scheme. On the other hand, it is found that the health and healing capacity of individuals marvellously increase when they can no longer rely on social insurance.

The right to select a panel doctor has unfortunately a softening and degenerating influence. Who are the doctors who are favoured by the insured? Are they the doctors who take their work seriously and who mean to cure rapidly, or are they the doctors who with criminal levity certify that their patients are incapacitated? In going through the reports of the German Commission of Control one is amazed to find that occasionally a single doctor in a few weeks certifies hundreds of his patients as incapacitated. Revision of such cases often shows that all of these hundreds of incapacitated are malingerers, a very few excepted.

An independent doctor is visited to give needed advice and assistance. The panel doctor is visited only too often by people who do not desire help but a certificate of incapacity which they can convert into cash. The waiting-rooms of panel doctors get overcrowded not so much by medical necessity as by other circumstances. Hard industrial times cause workers to seek relief by means of a panel doctor's certificate. In a little town known to me ten railway workers were dismissed on a certain day. Out of these ten men no less than nine were immediately certified as incapacitated by illness by their panel doctors. A friend of mine, a manufacturer, had to dismiss fifty women workers. During the next few days forty-nine of them received the certificate that they were incapacitated by illness which enabled them to draw sickness pay.

It may be objected that many of the workers are so anxious to continue working while they are in full employment, that they cannot spare the time to visit the doctor as long as they are at work. Such people, it may be said, seek treatment for their cough, skin troubles, etc., only when out of work. This argument need not be seriously considered because workers do not apply to their panel doctor when suffering from relatively insignificant disorders, but apply to him with serious or nominally serious diseases incapacitating them and they seek the doctor's certificate declaring that they are incapacitated, are unable to work.

Now let us look at the other side of the shield. Some little time ago the insurance authorities of Lodz, in Poland, issued a report in which it was stated that during the year 1926 they had had a surplus of 4,000,000 sloty and they attributed this favourable result quite correctly to the fact that the workers in the important textile industry of Lodz had been very fully employed.

The facts described force us to the following conclusion: At present social insurance against sickness does not fulfil the object aimed at by its founders to treat and cure the diseases of workers. On the contrary, sickness insurance has become a source of income to the workers in case of unemployment and distress. It need scarcely be pointed out that the misuse of social insurance, its use for obtaining not health but doles from the community causes grave mischief.

The various insurance organizations could do a vast amount of good if the insured applied to the panel doctors only when they are actually sick, if all the insured members of the community had the will to be well and had that powerful interest in being well which is found in all those who are not insured against sickness. Unfortunately the will to be well is undermined by the fact that a medical certificate of incapacity



enables workers to obtain pay without work. I would mention two examples. Dr. Stappert, of Sterkrade, published in the *Münchener Medizinische Wochenschrift* in 1927 an excellent article superscribed "Christmas Fever." The article was humorously written. One could not help laughing in reading it, but unfortunately the things he described are not merely a joke. What is at stake is not only a little money obtained by needy workers under the false pretence of sickness, but the moral degeneration of the working classes as a whole. We read in the article mentioned :

"Since the middle of December an epidemic is raging among the people. The curious thing about the epidemic is that it takes a form which hitherto has not been described in medical literature. The new epidemic disease attacks exclusively insured workers. It is, as yet, nameless, and it ought to be called Christmas Fever because of its peculiar symptoms. Christmas Fever is a disease which not only attacks exclusively insured workers, but it invariably leads to their complete incapacity and thus enables them to obtain sick-pay."

The author clearly proved that the causative factor of the epidemic was sick-pay payable on holidays, for he wrote :

"Let us do a little calculation with the help of the calendar. If the patient attacked by Christmas Fever fell ill on the 15th December, 1926, and went to his panel doctor his certificate of incapacity would enable him to draw sickness pay beginning with the 18th December. The last day of his incapacity was the 10th January, 1927. The 'patient' was therefore able to draw sick-pay for 24 days. His healthy colleagues who did not yet know the ropes, were simple enough to go on working and they received wages only during the 17 working days of the same period. Sick-pay comes to two-thirds of the normal wage. The missing third is replaced by Sunday sick-pay. It follows that the sick worker 'earns' exactly as much with the help of his medical certificate as his healthy colleagues earn by working hard."

A leading authority in the mining industry has confirmed the facts given by Dr. Stappert. He has

told me that in the coal-mining districts Christmas Fever was raging to such an extent, that the mines could scarcely be kept at work because an enormous proportion of the miners chose to claim sick-pay instead of working. In this way the nation is exploited. The industrious, the able, the strong and the honest have to contribute money which is handed over to the lazy and the cunning.

My critics have reproached me with exaggeration. Instead of replying to them I would quote part of an article which appeared on the 26th July, 1927, in a Danzig newspaper :

“*Exploiters of Sickness Insurance.*—We have before us statistics published by the Central Organization of German sickness insurance societies which represents the vast majority of the German local organizations, and which relate to the year 1926. These statistics are published with regard to 1,036 local organizations comprising 9,127,254 insured people. We would draw attention to the following point to start with. With regard to the re-examination of those who had stated that they were sick and required sick-pay the following extraordinary facts have emerged, which are apt to depress every fair-minded reader. In the case of 778 local organizations, with 7,918,432 insured members 1,259,016 declared in 1926 that they were incapacitated through sickness and were invited to undergo a re-examination after the granting of a sickness certificate by the panel doctors. In the case of no less than 60 per cent. of the insured workers re-examination by an independent doctor was called for. Of these 1,259,016 people who pretended that they were incapacitated through illness, no less than 198,142 immediately announced that they were well and that no further examination by an independent doctor was called for. A further army of 219,913 declared to the re-examining doctor that they had suddenly become quite well. Of the remaining number, 292,133 workers who had pretended to be incapacitated were found on re-examination to be able to work. In other words, out of the 1,259,016 nominally incapacitated workers no less than 710,188 or 56·5 per cent. were quite able to work. It is quite superfluous to comment on these figures.

“It should be stated that as a rule only those patients are asked to undergo a re-examination who arouse doubt as to



whether the statements they made to the panel doctor were justified. From the amazing figures given it becomes apparent that the community is exploited by workers shamming sickness to an enormous extent. It has often been pointed out that the sickness insurance organizations become mere dole payers as soon as a period of unemployment begins. The sickness insurance funds are used to pay an allowance to the unemployed. If malingerers would be treated with energy and would be shown the meanness of their action, it would be possible to help far more efficiently those who are actually unemployed and at the same time it would be possible to reduce materially the premium paid for sickness insurance. Besides, large economies might be effected by reducing unnecessary expenditure on doctors and medicine, expenses which are incurred through the dishonesty of those who pretend to be incapacitated through illness."

Those who are really ill do not receive justice under the present arrangements. The panel doctors are so wretchedly paid that they cannot possibly make a living for themselves and their families unless they undertake mass treatment. I know doctors who every day see 50, 60, 100 or 200 panel patients during their brief consulting-hours. Under these circumstances it is unavoidable that both doctors and patients are injured. I personally find that I have amply enough to do if during my consulting-hours I examine and advise 10 or 12 patients.

Every one knows how things are managed by those doctors who are visited by a hundred patients in the course of the day. A friend of mine acted as locum tenens to one of these panel doctors with a huge clientele. The first panel patient who entered his consulting-room came to him complaining about his chest. When asked to take off his coat, waistcoat and shirt, the patient was greatly surprised at the request and protested that he had never before been asked to take off his clothes when treated for his complaint. It appeared that the busy panel doctor referred to had treated large numbers of lung cases without having examined

the chest of a single one. Thus panel practice is apt to become a caricature of medical treatment. It is an unworthy and useless deception on the part of the doctors and a fraud on the patients.

I can show how disgraceful is the payment of panel doctors by a few figures regarding conditions in Danzig, the town where I live. The largest of the Danzig sickness insurance organizations, an organization with 56,000 members, pays per patient per month 2 guldens, or 1s. 8d., while in Germany payment per month per patient is 1.80 marks or 1s. 10d. In consequence of various deductions the organization pays to the doctors on an average only two-thirds of this sum, or 1.20 guldens per month, equal to 1s. If we subtract from this amount the business expenditure of the doctor, which comes to, let us say, 30 per cent., there remains a monthly payment per patient of about 8d. As a comparison I would mention that it costs twice as much to have one's hair cut. The result is that if a panel doctor wishes to make a living, he must treat impossibly large numbers of patients.

Sickness insurance as organized at present does shoddy work, is inefficient and is at the same time expensive. I will not mention the gigantic expenditure of the huge bureaucratic organization, although in certain middle-class organizations management expenses devour 50 per cent. of the insurance premiums. However, when I remember the smallness of the sums which were paid by my parents for doctors and chemists, or when I think of the expenditure of my own household in this direction, I am amazed at the huge proportion of the income of the workers which is wasted on sickness insurance. At present 7 per cent. of the worker's income in Danzig and 6 per cent. of that of the Berlin workers is expended upon sickness insurance alone.

According to a communication from the German statistical department, the German sickness insurance



organizations had during 1927 an income of marks 1,604,000,000 (£80,000,000) and an expenditure of marks 1,585,000,000 (£79,000,000). The insured numbered 19,200,000. Therefore sickness insurance per head per year came to marks 83, or £4 3s. If we include the insurance of dependents, there were from 33,000,000 to 35,000,000 insured persons with an expenditure per head per year of marks 48, or £2 8s. These are large amounts. I do not think that my parents spent for their family of five during the eighteen years of their married life as much as £2 8s. on doctors and chemists. The argument that the poorer members of the population are more exposed to disease than the well-to-do and that industrial workers are more likely to be injured by accident than civil servants and professional men is correct. Still, the amount paid per head per year for sickness insurance is far too high. I do not think that many uninsured civil servants and professional men are prepared to pay year by year 7 per cent. of their income to doctors and chemists.

Dr. Recknagel described in a professional paper prevailing conditions in the following words :

“The State takes by force from the poor a disproportionately large part of their income, spends a large portion of the money thus obtained upon a huge administrative apparatus, takes advantage of the helplessness of the doctors and forces them to do for a mere pittance so-called professional work, which necessarily must be bad work and which is bound to do harm to doctors and patients because the wretched pay compels panel doctors to make a living by treating far more cases than they can properly handle.”

A very important factor making for reckless waste is to be found in the gratuitous supply of medical materials and of medicine. It is a well-known fact that at festivals where beer is supplied free of charge far more beer is drunk and far more is wasted than at festivals where every guest has to pay for what he consumes.

Bureaucratic sickness insurance is inefficient from many points of view. I live in Danzig, an industrial town of 225,000 inhabitants. In Danzig perhaps a hundred people are injured every day by accident. As each of these one hundred injured can select a panel doctor, they will probably go to a hundred different doctors. Every one of these hundred doctors has to sterilize his instruments by boiling them and every one has to write out a prescription for a bandage, bandaging materials, etc., and everything has to be carefully booked, labelled, etc. This proceeding involves a senseless waste of time, energy and money and material. I happen to be in charge of an accident station in Danzig. Everything is ready to deal with accident cases. A well-trained and experienced medical man who specializes in accidents treats of course accident cases much more quickly, much more ably and much more efficiently than a hundred individual medical men who deal with accidents only rarely. Besides, one ought to compare the prices which are charged for bandaging material bought by the ton for such an organization as mine and the prices for bandaging material bought from the chemist for individual cases! Of course medicinal treatments cannot be given at stations of this kind. That is obvious.

I am afraid I must doubt the assertions of those who tell us doctors that the general improvement of the national health and the decline in the percentage of deaths are due to national insurance against sickness. One must not draw conclusions without adequate knowledge. We find a similar improvement in the national health and a similar decline of the death-rate in countries which do not possess sickness insurance, such as France and the United States. There are many reasons which are responsible for improved health and diminished mortality among the



people. Public hygiene and sanitation, as evidenced by an improved water supply, improved drainage, the careful inspection of food, elimination of epidemic diseases by suitable measures, etc., are factors which are at least as important as medical treatment. Furthermore, public health and the death-rate are influenced by housing conditions, by the income of the poorer people, by their nutrition, by taxation, by greater or lesser facilities for marriage and many other things. Politicians and doctors live under the illusion that they have brought about certain improvements for which, as a matter of fact, they are not responsible. I would remind my readers of the terrible increase of the mortality from tuberculosis which took place after the War. There was a superabundance of doctors and of specific and other remedies. Moreover, social insurance against sickness was fully developed. Nevertheless, we failed in the fight against the disease and could not prevent a great increase in the number of deaths due to it.

Sickness insurance leads not only to the physical degeneration and the softening of the fibre of the people, but also to their moral degradation. Sickness insurance has lately been thrust upon new classes of the population in the form of insurance for civil servants and for people of the middle classes. What is the result? Excellent people living quiet and useful lives without taking overmuch thought of the trivial changes brought about by advancing years and who formerly never went to the doctor unless seriously ill, are now going to the doctor with incredible frequency. They have time to spare, they are insured, and there is nothing to pay for medical consultation and treatment. Nowadays no doctors can be found who send away those who merely imagine that they are sick. By forcing sickness insurance upon large classes of people who hitherto led quiet and sensible

lives, general unrest, neurasthenia and hypochondriasis have been created among them. This is not the only damage done by mistaken Government action. Practically every one of the recently insured middle-class people who comes to consult me wishes me to certify that the disorder of which he complains is not an old trouble but is of quite recent origin. In other words, the majority of the newly insured wish to defraud the community and ask their doctors to assist them in this fraud.

Social insurance not only induces men to defraud the community, but to practise actual blackmail. For instance, the insurance organization refunds 80 per cent. of the doctors' fees which have been paid by the insured members. Patients have asked me without blushing to make out a fictitious bill in excess of the amount actually paid so that the community while paying only 80 per cent., should in reality pay the full amount. If the doctor refuses to be a party in such a fraud, patients often threaten that they will go to another doctor. From my point of view the moral degradation of the nation is vastly more dangerous than its material impoverishment.

I can be brief in describing the disadvantages of social insurance with regard to the doctors.

It is a well-known fact that the busiest panel doctors, the doctors who have the largest number of panel patients, are young people from 25 to 35 years. At first sight this seems inexplicable. One might imagine that doctors of advanced years, men of mature experience, would receive the confidence of large numbers of panel patients and have crowded consulting-rooms. Success for panel doctors is not based on the old-fashioned foundations of experience and ability to cure. Young doctors at the beginning of their career, men without means and anxious to make a living, are more likely to silence the voice of their medical con-



science than experienced old doctors. Hence beginners readily write certificates, testifying incapacity to work. Besides, inexperienced young beginners will readily make a mountain out of a molehill and describe in scientific language a trivial disorder as a serious disease. In short, young panel doctors act not as physicians but as profiteers. They prostitute the art and science of medicine. Dentists under the insurance schemes act in the same way as doctors to the harm of the people. One might write a volume about the disastrous results of sickness insurance.

The treatment of unduly large numbers of patients necessarily leads to careless and worthless treatment. Having to attend to impossibly large numbers, doctors become accustomed to doing rush work and they lose the capacity and the inclination to examine and treat their patients with conscientious care. After all, the question of curing the patient is less important than that of carrying out the regulations of the organization which pays the doctor! A large number of insurance doctors consider it their principal duty to fill up forms for official use, keep books, etc. Besides, there are panel doctors who ask their patients to come back only three months hence so that they can re-enter these patients as new ones. The fact that the insured can select their panel doctors does not lead to careful individual treatment of the sick. The very reverse has taken place.

Unfortunately national insurance has destroyed the natural and normal relations between doctor and patient. If a patient consults an independent doctor the doctor asks himself: "What is the matter with the patient?" His whole aim is to give relief and to cure. The panel doctor is forced to look upon the patient from a different angle. In meeting a panel patient he must ask himself: "Is this really a case of sickness or is it a case of malingering, and does

the patient wish for treatment or only for a certificate enabling him to draw sick-pay." Dr. Stappert has recently very strikingly described the conditions prevailing in consulting-rooms as follows :

"Every day the flood of men and women who clamour for sick-pay is rising. This flood beats ever more strongly against the wall of the medical profession and doctors must spend their strength, energy and ability to resist the flood. Otherwise they will be overwhelmed. The social insurance system is rotten to the core and the edifice would have collapsed long ago, had it not been for the unselfishness and conscientiousness of the medical men. It is not easy to deal effectively with malingerers. Every young doctor engaged in panel practice has to learn his lesson and must be ready to face the hatred of those to whom he has refused a certificate of disability and to bear the contempt and boasts of the healthy and strong to whom he has given a certificate by mistake. Until a doctor is able to fight his fraudulent panel patients and to beat them, he will have to live humbly, an object of enmity to some and of derision to others. Truly to be a mender of men is a thankless profession."

"No labour known to me," wrote Dr. Fett, the President of the Medical Society of Eastern Prussia, "is so disgusting as that of the medical sickness insurance fraud detective, and nothing wears out doctors more easily than having to face patient after patient who claims to be sick and who is nothing but a swindler who wishes to defraud the community by malingering."

The ability of the medical man to do good depends not only on his scientific knowledge and practical experience but also, and very largely, upon his prestige, upon the estimation in which he is held by his patients. Of course the value of medical or surgical attention cannot be measured solely by the amount of the fee charged. Still, a patient who consults a medical man realizes that the advice or treatment given has an actual cash value. That feeling is destroyed in the insured population. The insured individual has paid his contributions, has a right upon medical treatment by the doctor whom he selects, and most



patients have no idea how pitifully little the medical man receives.

Insurance doctors, being compelled to treat unduly large numbers, have no time to cultivate their mind, to study, or to take holidays and relaxation, especially as panel doctors have not only to fulfil professional duties properly so-called but to do an enormous amount of clerical work. Medical man and patient are separated by ever-rising mountains of forms and by an ever-increasing flood of ink. At last the physician becomes a government official, a mere clerk and quill driver, and the joy of treating and healing the sick is destroyed. I hold the old-fashioned opinion that health can best be restored by appropriate treatment on the part of medical men, not by their filling forms and keeping books in accordance with the rules and regulations of the bureaucracy.

The legislation is much to blame for converting the medical profession into a huge bureaucratic apparatus engaged in ever-increasing office work. The national Code of Insurance Regulations comprises 1,805 paragraphs. Of this large number only about 30 paragraphs refer to professional treatment!

The men who made the German revolution in 1918 were lavish in their promises that they would free social insurance from its bureaucratic fetters. That loudly made promise was the worst of lies. All who have practical experience of the working of social insurance in Germany are aware that under the present democratic regime the stranglehold of bureaucracy is infinitely worse than it was in the old times of the Empire and of absolutism. According to statistics published in the journal *Ärztliche Mitteilungen* there are in Germany 29,403 insurance doctors to cure the insured sick. On the other hand, there are no less than 27,000 officials in the employ of the insurance organizations! The octopus of bureaucracy is destroying civilization.

Panel practice has the advantage of enabling a young doctor to make a living. Unfortunately the often-heard assertion that panel doctors with a large practice can make a great deal of money acts as a bait upon thousands who thus are induced to study medicine in order to make a good living although they have no natural inclination and ability for medicine. Those who tell us that there is a great surplus of doctors and surgeons are quite right. However, in my opinion there are not too many physicians but too many medical practitioners, chiefly bent upon making money, too many incompetents, medical mechanics, mis-called medical men, who have entered the profession merely in the hope of enriching themselves. If there were no social insurance, free competition among medical men would lead automatically to success among the able and competent and to the elimination of the incompetent. The possibility of making a living by panel practice induces many to study medicine who do not feel the call to enter the profession. It has created medical profiteers and shopkeepers.

The existence of social insurance has created a great medical proletariat. Formerly things were managed differently. Successful medical men were ready to treat the poorer members of the community for a nominal fee or gratuitously. That has been the policy of medical men since time immemorial. Gradually the position of the doctors became completely reversed. Their independence was undermined and destroyed by their becoming salaried members of the bureaucracy. Ever-increasing numbers of the community demand and obtain cheap medical and surgical attention by being included in the insurance scheme. The independent medical man is disappearing. The medical profession has become enslaved by the bureaucracy. Our degradation is great. I doubt that Hippocrates



would nowadays utter his celebrated sentence : " The art of medicine is the foremost and the noblest among all the arts."

One can compare the position of the German medical men with the position of the Germans in general with regard to foreign politics. Many Germans, perhaps the majority of Germans, have become accustomed to the fact that Germany has been enslaved by the Allies and that the victorious nations humiliate us at every opportunity. They are quite satisfied with the present condition of affairs as long as Germany is prospering from the economic point of view. However, the destiny of a nation and the destiny of a great profession is controlled not by the majority who are weak in mind and weak in character but by the independent minority.

One of the worst things which has happened to the medical profession is the fact that it has lost its prestige. Medical men are not only badly paid, a minor matter, but they are looked down upon by the people with a feeling approaching contempt. Those who know the actualities of treatment of the insured are aware that the treatment of the sick has become a mere sham. We doctors feel instinctively that we have been degraded and that we are despised. We cannot wonder that many doctors, and particularly the ablest, are deeply depressed and disheartened. I am actually acquainted with a large number of medical men who are disgusted and in despair when considering their activities and who would like to change into another occupation although they are physicians with heart and soul.

The German nation has been deceived by catch-words such as Democracy, League of Nations, Eternal Peace, and has been enslaved. In the same way the medical profession has been enslaved after having been deceived by the abuse of the catch-word Social-

Insurance. At the beginning medical men had the idea that they would render a valuable service to their fellow men by taking up insurance practice. The possibility of exploiting the idea of social insurance and to obtain cheap medical and surgical attention has now been seized by large circles of men and women who were not intended to be included in the social insurance scheme. Even the best paid among the salary earners and bank directors have organized themselves in order to obtain cheap professional assistance. At first the medical men are given an adequate fee, but soon after arrangements are made whereby the earnings of professional men are whittled down unceasingly to the minimum. Thus a great medical proletariat has been created.

It may be argued that the degradation of the medical profession was a natural and inevitable process. It may be said that other professions have been similarly degraded. That is quite true. The mechanization of the world is proceeding fast. Some years ago I went over the Danzig wharves. Formerly smiths, carpenters, joiners, etc., were highly skilled workers, were men of independence and were men of substance who lived in houses of their own. They were organized in guilds, and were truly masters of their craft. Besides, they created things in their entirety, such as locks, wrought-iron gates, ploughs, furniture, etc. These master workers have disappeared and they have been replaced by a huge proletariat of wage earners. Every one of these wage earners makes every day hundreds or thousands of screws, nuts, bolts, etc., but not one of the workers creates anything in its entirety. Economists may shrug their shoulders at my complaint and may say that this change was inevitable, that division of labour has led to the reorganization of industry. However, there is a difference between the mechanization of industry and the



mechanization of medicine. The work of the thousands who are engaged in making screws, bolts, nuts, etc., is combined, and it results in the end in an admirable product of industry such as a locomotive, a steamship, a crane, etc. No similar combination is possible in the work done by the medical wage earners. The shoddy work done by panel doctors is quite irreconcilable with the spirit of medicine.

#### INSURANCE AGAINST ACCIDENT

Insurance against accident suffers from the same defects as insurance against sickness. Insurance against accident was organized with the best intentions imaginable, but the result is only too often entirely opposed to the intentions of the legislators. Insurance against accident was devised to make good as rapidly and as completely as possible damage consequent upon an accident. If the damage done cannot be repaired, then the injured individual is to receive an income compensating him for his loss in working power. These are the clear and unmistakable principles which were laid down. In formulating these principles, legislators had unfortunately overlooked the human factor, the spirit of the average individual. It is only human that the insured workers try to obtain the maximum compensation obtainable in case of accident. They try to obtain the utmost they can, preferably by honest means, and if necessary by dishonest means. This tendency is to be found in every class, not only among the workers. Hence insurance against accident tends to demoralize the nation.

When I was a young doctor I was employed during six weeks in one of the most aristocratic regiments, and among my first patients was a young officer, a man of the highest nobility, who was insured against accident in one of the private insurance companies. While exercising in the gymnasium he fell on his seat.

I inspected the part complained about, found that no damage had been done and declared that he was able to do his duty. The young officer was indignant and demanded that I should give him a certificate stating that he was incapacitated for at least a fortnight, and he pointed out to me that the compensation obtainable in that case would just pay for a new bicycle which he desired to possess.

Entire libraries might be collected of the literature dealing with the greed of those insured against accident. Insurance against accident has created a new mass disease, a neurosis. I would give a few examples.

Before the War there was in Danzig an exceedingly frequent disease which we doctors called the *morbus kassubikus*. Close to Danzig there is a poor, barren territory called Kassubia. The average peasant of that district had the ambition to obtain a life income through an "accident." In most cases the claimants pretended that their back had been irretrievably damaged in consequence of an accident, although the most careful examination did not reveal the slightest trace of injury, and the claimants pursued their claim with the utmost determination by appealing from one authority to the other.

When, after the cholera year, 1892, large excavation works were undertaken in the vicinity of Hamburg, it was noticed that immigrant labourers from abroad recovered far more quickly than German navvies suffering from the identical injury by accident. The cause was obvious. Immigrant foreign labourers were not insured and wished to return to work as soon as possible. As soon as the legislators had eliminated this anomaly and had insured foreign labourers as well, the consequences of an accident became identical among Germans and immigrant foreigners.

Dutch doctors and insurance experts noticed that fractures of legs and arms healed far more quickly in



Holland than in Germany, as long as there was no insurance against accident in Holland and accident insurance in Germany. The introduction of insurance against accident among the Dutch in 1903 eliminated this difference immediately according to Bernhardt.

Many years ago I treated at the same time a doctor and a labourer for a broken foot. Both my patients were of the same age, both had received their injury on the same day and the fractures were practically identical. My doctor patient, who was uninsured, remained in bed for a week and in the second week he was in his consulting-room with his foot in plaster of Paris. After four weeks he walked about and after six weeks he was perfectly well. It was different with the labourer. Although his foot healed as promptly as that of the doctor he made the first attempt at working only after four months, and then came the usual struggle for compensation because he claimed to have been permanently incapacitated. A year after the accident I examined the worker, and found no consequences of the accident ascertainable by the most careful physical examination and by X-rays. However, the man argued that, although the foot had healed perfectly, he did not feel as safe on the foot as before the accident. In consequence of his arguing I asked him to take off the trousers from both legs and I found that the other leg, the so-called healthy leg which he had never mentioned, was completely atrophied because he had broken the other foot in his eleventh year and had not sought medical treatment. When it was pointed out to him that by far his best foot was the foot for which he claimed compensation, that it was infinitely better than the gravely damaged foot which he had not mentioned, he argued that he had become accustomed to the old fracture received in his boyhood. I replied that the difference was this, that he could not obtain a life income from the serious

old fracture, but from the insignificant new fracture which had left no damage.

A little while ago I was talking to a very busy village doctor. He told me of a labourer who seven weeks after a severe fracture of the leg was employed, was working at his full capacity and was riding a push bicycle. I immediately replied: "I am sure that man is not insured against accident." This was indeed the case. Lack of insurance against accident caused rapid recovery in this instance. A few days ago I saw a doctor, aged 45, who, while skating, fractured his leg in two places and who interrupted his professional work only for a few days. If he had been insured against accident, he might have remained out of work for a great number of months.

Nowadays, in case of accidents, it is of decisive importance throughout life whether the individual is covered by insurance or not. The existence of insurance against accident complicates the position very greatly. Payr has told us that a stiff leg or knee could always be made movable by a plastic operation unless the individual was insured against accident. In the latter case a plastic operation was hopeless and should never be undertaken. The hospitals dealing with accidents of the insured can be described as high schools of deception, simulation and fraud.

I recommend to my readers who doubt the correctness of my views to discuss the position with doctors who treat both private patients and insured workers. Whenever inquiries are made among such doctors one is told the same story. The trouble is not that a member or joint is swollen or injured. That is a triviality. The greatest mischief lies in the determination of the patient not to get well. Dr. Brunecke wrote in No. 13 of *Die Tuberkulose*, 1926:

"The various institutions dealing with the members of the population under the Social Insurance Scheme create neurotics



and professional dole drawers. Many patients received at these institutions refuse to undergo thorough treatment because they are determined that they will never get well, that they will never regain full working capacity."

Some time ago I met an old Italian excavator who worked in Germany and who years ago had lost the thumb and forefinger of his right hand. That had happened before insurance against accident had been introduced. In spite of the loss of these important members he worked as hard as any navvy, and drew full pay for his work. He came to me about a trifling damage which he had suffered after he had been insured against accident, a contusion of one of his fingers of which not a trace had been left and which he wished to exploit, hoping thus to obtain an income for life. He fought for his claim for many months and eventually became completely useless as a worker, having been converted into a malingerer by the Workmen's Compensation Act.

It cannot be asserted that we have made the people happy by insuring them against accident. No one has ever met a satisfied dole drawer. I can assert this owing to a wide experience. The advantages yielded by social insurance against accident are outweighed by the disadvantages. The cure of the injured is dragged out to the utmost, healing is prevented as far as possible, hypochondriacs are produced by the ten thousand and the moral damage done to the character of the nation is absolutely incalculable.

In consequence of insurance against accident, sexual morality is undermined in many cases. I give an example: A young worker in the building trade fell from the scaffolding and was killed. The widow began to live with a respectable working man but did not marry him, and the two had seven children and lived in perfect harmony. They could not marry because otherwise the widow would have lost her yearly com-

pensation income, equivalent to 20 per cent. of the wages earned by her dead husband. Financial advantage proved all-powerful. The arguments addressed to her regarding the immorality of her not being married advanced by clergymen were not listened to. The friends and neighbours of the unmarried couple supported their determination not to get married. We find similar conditions among thousands of widows of the men fallen in the War. Many of them prefer to live with men whom they do not marry because of the income obtainable from the State. Similar things happen in other countries. Almquist wrote with regard to Sweden: "Modern legislation gives financial advantage to those couples who live unmarried over those of married couples."

#### INVALIDITY INSURANCE

Invalidity insurance can be treated briefly. The idea to give to those workers who have been invalided an old age free from care, is a human and a beautiful one, and is worthy of a great nation. However, here also a great idea has been transformed into a caricature. What has been the result of invalidity insurance? Imposing palaces have been built for the administrative officials. Mountains of documents, opinions, reports, have been created. Employers of labour and workers are worried unceasingly with insurance cards, sticking on stamps and the control of these things. On the other side, we find for the disabled workers nothing but a weekly income of a few shillings, too little for their support. It has often been stated that insurance against old age has weakened the instinct of thrift and has often destroyed it. Would it not be wiser if we did not interfere with the instinct of thrift which used to be found in the average individual, if we added to the present wages the gigantic cost of the insurance organization and left it to the



individual to put by enough towards the time when ability to work has disappeared ?

It cannot be doubted that many of the institutions created under the various insurance schemes do much good. They look after the curing of the sick, give opportunities for convalescing patients to regain their strength, and there are the institutions which promote the building of houses and the acquisition of house property by means of loans at low interest, etc. However, if we allow for all these advantages it remains an open question whether the benefits obtained are proportionate to the gigantic expenditure of labour, time and money involved. Most experienced doctors doubt whether the results are commensurate to the effort.

Among doctors there is at present much agitation in favour of provisions for widows and orphans. The ideal in view is undoubtedly praiseworthy, but those who are in favour of that policy overlook the destruction of the sense of thrift and the moral damage done. I have been acquainted with many doctors who had a large income, who recklessly spent all they earned, and who were careless enough not even to insure their lives because they thought that in case of sudden death the medical organization would look after their families. There are many widows of doctors who could live comfortably on their income, whose lives are an unending struggle because they are determined to spend money superfluously on frequent long holidays in the country and other unnecessary things. When I think of the days of my youth, of the frugality with which we lived after the death of my father, I say to myself that it is better to live within the limits of one's own income on dry bread than to enjoy delicacies and luxuries obtained by scheming and begging.

## INSURANCE AGAINST UNEMPLOYMENT

All are unanimous about the worthlessness of insurance against unemployment and the damage done by it. Even the Labour leaders admit that the system is vicious. It is vicious not because of the money spent. Open-minded employers of labour who are true friends of the working classes have told us that the burden of social insurance, which was heavy enough before the War, is now absolutely unbearable. Leading agriculturists have proved to us that the burden of social insurance is now ten times as heavy as it was before the War. I cannot discuss this question from the point of view of the employer of labour in town or country, but only from that of the doctor.

In the little Free State of Danzig support of the unemployed accounts for 10 per cent. of the total public expenditure. To this must be added the expense of public works undertaken for the unemployed, which are carried out at a cost of 70 per cent. above normal prices. It can safely be assumed that directly and indirectly one-sixth of the public expenditure of Danzig is devoted to the unemployed. The monetary loss is insignificant compared with the moral damage done. Wages paid without an equivalent of work done create in the long run permanent idleness among the workers, dissatisfaction, improvidence, thriftlessness. High authorities estimate that 50 per cent. of the so-called unemployed consist of unemployable work-shys, of men who are able, but not willing, to work. The right to work is becoming more and more the right to unemployment pay, to the dole.

In my part of the country agricultural labourers drawing unemployment pay actually earn more money than agricultural labourers who work hard for their living. Small farmers and freeholders who make a living by combining agriculture with some other occu-



pation exploit the position, and are given an income from the unemployment funds. The workers in the building trade worked in the past only when the weather was warm, and saved so much during the good period of the year that they could live without work during the severe winter when building operations come to a standstill. Nowadays they need no longer save. As soon as the weather turns cold they produce their unemployment cards.

In the past the workers in the harbour of Danzig worked normally only during three or four days of the week. That was only natural. Ships did not arrive every day. As payment of unemployment pay begins only two days after the beginning of unemployment, many harbour workers refuse work altogether in order to get paid for doing nothing.

I have known for many years a considerable number of employers of labour on the largest scale who have a warm heart for their workers and their needs. They tell me that formerly, when it was necessary to reduce the number of workers, the greatest care was taken. Every individual case was considered on its merits. Men with families and heavy responsibilities were kept on at all costs. Nowadays things are managed differently. Managers are still entreated by their workers if times are difficult. However, entreaties are of a different kind. Instead of asking to be retained in hard times, workers urge their employers to dismiss them as soon as possible so that they can draw unemployment pay and live in idleness.

Many unemployed workers calculate very carefully the difference between the income they can obtain while being unemployed, and the income while doing no work. If the difference between the wages for idleness and the wages for work is not exceedingly tempting, work offered to them is declined. It is not worth while having to work hard to earn a few shillings

more if almost as much can be obtained by idling. The moral value of work, the educative value of industry and the moral degeneration of the workers in general and of the growing generation in particular are nowadays disregarded.

A few days ago I read the following paragraph in the newspaper :

“ At the Elizabeth Mine, near Mùcheln, there was a shortage of workers and the Unemployment Bureau was asked to supply 90 men suitable for shovelling. The Unemployment Bureau sent 107 men. Of the 107 men only 99 went to the mine. Of these 8 men turned back at once, 21 men refused to do the work, and 38 men stopped working soon after beginning it. Of the 40 men who actually started, 20 men left on their own account after a single shift and another man after two shifts. The chairman of the mine complained that his mine, which produces brickettes, could not obtain a sufficient number of workers although the demand for the fuel cannot be filled. The majority of the unemployed labourers who were sent to the mine either refused work or immediately reported themselves sick in order to draw sick-pay, and those who remained did only part of the work which is normally done. The average pay for a shift is normally from 7 to 8 marks. The Board of Directors of the mine came to the conclusion that the majority of unemployed labourers who were sent to them had not the slightest intention to do work. The chairman repeatedly noticed that the unemployed labourers who were taken on behaved with the grossest impertinence towards the foremen and managers of the mine, and that those who actually worked loaded only about two tons per day while the normal quantity loaded is from 10 to 12 tons per day.”

The large army of unemployed—in the small Free State of Danzig alone, there are from 10,000 to 20,000 unemployed—has led us to believe that matters can be improved only by the emigration of the surplus workers. The Senate of Danzig tried to relieve the position and sent a number of unemployed to Argentina. The experiment was a complete failure. In America the unemployed were expected to work for good pay.



They preferred a meagre income in Europe without labour !

I pass over the other forms of social insurance, particularly the care of War invalids, because I do not wish to repeat myself.

One should look at these matters not from the point of view of the doctor, but from that of the biologist. One ought to think not only of the individual patient or of the individual family, but of the nation as a whole. If we look at matters from the biological point of view, one must ask : Is it really desirable that we take trouble to keep alive and bring up the weakest and the most poorly constituted babies ? Are we acting wisely in keeping idiots and epileptics alive in model institutions at great expense while healthy, strong men, able and willing to work, are left without a roof over their heads and without food ? We breed by selection, and without knowing it, we select the undesirable classes and allow them to survive at the cost, and to the hurt, of the strong, the healthy, the able and the worthy.

Among the numerous branches and offshoots of social insurance there is that powerful branch which may be described as disease promotion. Nägeli has shown in his well-known work that dissection of men and women, aged 15 years and over, shows that 98 per cent. of them are affected with tuberculosis. Other authorities give smaller figures of the tuberculous, stating that the percentage is from 80 to 95 per cent. Practically all of us are infected with tuberculosis, but only a small percentage are actually suffering from tubercular disease. The physical and moral damage done in the various institutions, created for the benefit of the tuberculous, has been described by Dr. Klabund in his work *Die Krankheit* and by Mann in *Der Zauberberg*. Specialists have told me that Mann exaggerates the conditions prevailing in Davos

by dwelling too much on the bad side. That may be. However, it is the duty of the doctor to prevent moral damage. Dr. Bochalli has informed us in his writings on tuberculosis, that of the patients who are sent to his sanatorium for the tuberculous, 5·5 per cent. are not tuberculous at all, and he protests that sanatoria must not be abused by being converted into holiday centres for those who desire to have a holiday in fresh air and the best of food at the public expense.

I would sum up the position by saying that the principal effect of social insurance consists not in the promotion of health but in the creation of hypochondriasis and of ill health. Before social insurance had come to the fore, we knew that hypochondriasis can be created. Plato has written on the subject. When one goes to a vegetarian restaurant one meets people whose sole occupation in life consists in studying their health. Are such people desirable citizens? They are mostly men and women without backbone who are interested in nothing except their bodily functions. The evil which is done by a few individuals to themselves or to their children is done by modern statesmen to entire nations.

Men living their natural life know nothing about the functioning of their organs. They follow their instincts and do the things which they find benefit their bodies and avoid those which they have found to be harmful. Every attempt to replace the instinct of health by medical knowledge serves to weaken very greatly the already overweak instinct of civilized man. Those who observe their bodies from early morning till late at night are sure to become victims to neurasthenia and hypochondriasis. To people who lead a normal active sensible life the doctor should be an exceptional adviser, not a daily companion.

Social insurance, as evolved in Germany, is only too often loudly praised as one of the greatest achievements



of civilization. The care of the sick and of the aged is certainly one of the most important duties of civilization. However, the exaggerated care of these is bound to lead to the decline and downfall of civilization. In industry and mechanical achievement the United States are at least fifty years ahead of us, and high authorities have assured us that we Europeans shall never be able to come up to them. However, social insurance, as known in Europe, is unknown in the United States, excepting of course the various forms of private insurance introduced by American concerns. I have met many leading Americans. All of them were aware of the fact that insurance against sickness creates sickness among the insured. They admitted that the struggle of life is carried on in America with ruthless energy and that it demands many, many victims. However, they told me at the same time that this very struggle led to the selection and to the survival of the fittest, the most energetic, the most intelligent, the most industrious and to the elimination of incompetents and idlers. Strindberg wrote: "By handicapping the strong, we neither create happiness nor do we improve humanity."

There are many aspects of social insurance which may be considered. However, from whatever side I view social insurance, my conclusion is always the same, that social insurance is here and there useful for the individual but that it is pernicious for the nation as a whole. If things go on developing in the present manner, we shall soon arrive at a state of affairs when only a small portion of the population is engaged in active creative labour, while the majority consists of dole takers. Of course those claimants for doles who have been denied the dole for good reasons are dissatisfied, and they create dissatisfaction among the people by their vociferous discontent.

A few days ago I was visited in my consulting-rooms

by a married couple decently clad. The wife was obviously ill. One could see it at a glance. When I asked her what was the occupation of her husband, a man of 40 years, who obviously was in perfect health, I received the reply that he lived on his social insurance. Able-bodied, middle-aged men in perfect health often ask me for a medical certificate, proclaiming their incapacity to work. If I decline, surprised by the demand, and ask them how they could have the idea of becoming pensioners, I am told only too often : “ I have already an income of so-and-so much from one or the other branch of social insurance, and if I obtain in addition an income from accident insurance, war invalidity or something of the kind, I can very nicely manage and we can live in comfort.”

A little while ago I chatted with a man riding in a tramcar. He was an elderly workman, and I asked him how his sons were getting on. He replied : “ They are doing very well indeed. My eldest has been pensioned long ago and does no longer any work, my second son has retired just now, and my third son will follow suit next year.”

One of my colleagues domiciled in the Tuchler Heide told me the following story : “ Before the War I was consulted by a powerful man about 45 years old, who complained to me about numerous health troubles and asked me for my advice and assistance. He would like to have a pension of some kind or other and did not mind what pension it was. Surprised at his demand I asked him for his reason. Whereupon he told me that in his village all the men of his age had some pension or other which they drew every month at the post office. He was the only exception and therefore all the other men laughed at him and told him that he was a fool. His position in the village was becoming unbearable. He was quite surprised when I told him that I could not see my way



to provide him with an income by giving him a mendacious certificate." King Henry IV of France expressed the desire that every French citizen should eat a chicken every Sunday. The aim of the modern State seems to be to enable every citizen to become a pensioner at the earliest opportunity.

Some of my critics will exclaim that I indulge in ridiculous exaggeration. I do not exaggerate. I do not make a statement in writing without careful consideration. When I came back at the end of the Great War many of my friends were in doubt whether my political and economic views were right or wrong. I made up my mind that I would find out whether our new rulers were acting wisely when they promised us a new heaven and a new earth. With the greatest zeal I studied the classical works of socialism, from the four ponderous volumes of Karl Marx to the writings of the latest representatives of socialism. I subscribed to the socialist journals and studied the *Vorwärts*. When reading that journal I began to feel a doubt about the socialist aims. During my leisure hours I had occupied myself with historical studies, and they had taught me that during the 6,000 years of history the same events had occurred time after time. The political imaginings expressed in the *Vorwärts* seemed to me quite impracticable and the economic aims which were put forward appeared still less sound. Within a few days I read two leading articles which were written by eminent economists belonging to the Socialist Party, one of them was a professor at the University, and the other possessed some other scientific title. The first article "proved" with the utmost precision that if the national income of Germany was equally distributed, every German need work only during two hours and fifteen minutes per day. The second leading article went even further. It argued that every German was to be compelled to work for

a number of years for the State. Every man should be in official employment during five years and every woman during four years, and then men and women should retire from work. This meant that every man was to become a pensioner at 25 years and every woman at 24 years. At that age every German was to receive from the State a cottage and a yearly pension of marks 4,500, or £225. These two issues of the *Vorwärts* were the last which I read. I thought the position was too earnest and time too valuable to read such childish fairy tales, written by pseudo-scientists. I may be mistaken, but I could not see an ideal condition of affairs in a world wherein able-bodied men should work no longer than two hours and a quarter per day and where men should become pensioners for life at the age of 25 and women at the age of 24. Everybody who has studied political and economic history knows that a nation is lost if the able-bodied workers strive to become pensioned idlers when they are at the height of their power.

If one reflects seriously on all these things and if one surveys all the forms of insurance created for the good of the people, one is forced to conclude that the legislature cannot have intended to ruin the entire nation by corrupting it. One can only conclude that the legislators seriously miscalculated the consequences of their action, that they created facilities which are based on the idea that all human action is inspired by scrupulous fairness and honesty. We need not go so far in the contempt of men as did Frederick the Great, who wrote to Voltaire :

“In spite of all philosophic teaching, man is and remains the lowest of all animals, animated by superstition and selfishness, and given to treason and ingratitude.”

However, he understood the realities of life better than those lawyers, politicians, and civil servants, who



designed the social insurance schemes. I wrote in one of my essays :

“I am sure that all the social insurance schemes were put forward with the best intention in the world and they would have fulfilled their object if all men were animated by unselfishness, love of their neighbours, joy in their labour, love of truth, etc. As long as men remain men of the type we know, the selfishness of the individual will prevail over his higher sentiments and will nullify the aims of philanthropists and legislators who devised these schemes.”

We live in a time of exaggerated State socialism. The modern state is becoming more and more an insurance society and we have learned nothing from the disappointments which have arisen from our aims to insure the people against every possible accident and incident. Things which are managed by the State are badly managed. Under private management there were butter, eggs, milk, etc., and there were plenty of these, but as soon as the State undertook the distribution of food, foodstuffs disappeared. Similar things are happening with the health of men since the State has tried to “distribute” health to all. In view of the fact that England and France and Belgium have also been infected by the State insurance mania, one can only conclude that there is a law for this phenomenon, that it is a symptom of our declining Western civilization. The present time bears in many respects a curious resemblance to the period when the great civilizations of Antiquity declined and fell. The speeches which were delivered by politicians and statesmen in Athens about 400 B.C. are almost identical with the speeches delivered nowadays by democratic politicians in and out of Parliament. The leading articles of our democratic newspapers also breathe the spirit of declining Athens. The cry of the Romans, “*Panem et Circenses*,” means in modern translation, “State support for the unemployed and cheap picture theatres.”

My readers may object to my views and say that I am right up to a point, that every useful measure has its shortcomings, that in an insured nation there must be a number of dishonest individuals who take advantage of insurance, etc. My reply is that those who wish to discover the advantages and disadvantages of social insurance should discuss the subject neither with those who draw the dole, nor with politicians, nor with those doctors who make a large income from their panel practice. They should discuss the subject with a large number of medical men who have worked under the insurance scheme for a number of years and they will find that they are unanimous in considering the present state of affairs disastrous and untenable. I would add that the insurance bubble would have burst long ago had it not been for the patience of the doctors and their sense of duty.

My critics may say that I condemn the modern social institution of insurance and may reproach me that I do this although I am a physician whose duty it is to do humanitarian work, helping the poor, the weak and the sick, and they may consider my attitude to be out of place in the present age. I understand and honour these sentiments. Still, I feel bound to condemn social insurance in its present form because it demoralizes and degrades both the patients and the medical men, and particularly because it does not benefit the national health but actually injures it. I have no reproaches for the institution because of the poor pay given to medical men. I condemn it because it causes shoddy medical work to be done in a hurry, forcing the doctor to treat large numbers of patients quickly and badly. Every true physician will gladly work for the poor without a fee, but work gratuitously done means moral damage to the recipient.

Our social insurance organization is based on the idea that we should love our neighbour as we love



ourselves. This ideal animated the politicians, but it was a mistake to base on this ideal a great organization. Perhaps we may be able to reform the system by basing it not on ideal motives but by taking notice of the realities. Many people have discussed the reform of social insurance. Its disadvantages urgently call for reform. However, it will take years to reorganize the great apparatus which has been created. Meanwhile, there is unanimity among the well-informed medical men, employers, workers, cabinet ministers, civil servants, etc., in their recognizing the fearful damage done by it. Under these circumstances it is incomprehensible that the State continues enlarging the scope of social insurance from year to year.

I have never been able to understand why workmen should be compelled to join the National Insurance Schemes, even if their circumstances allow them to look after themselves. It is still worse that social insurance is now being extended to the middle class and to the civil servants, and this extension threatens to demoralize these classes which are being drawn into the abyss of insurance. I would describe the disadvantage of compulsory middle-class insurance by an example. I have known for many years a woman teacher who came to consult me very rarely. Some time ago she came under one of the insurance schemes. She has an income of 6,000 gulden per year, and has to pay on account of insurance 270 gulden per year. Before she was insured she never spent so much per year at the doctors and chemists. When uninsured, she came to me only very rarely when she thought there was a real need for professional advice. Now she is watching every bodily function as with a microscope. She discovers every week some defect or anomaly and visits me asking me for my advice, and if I explain to her that the matter complained of is a trifle without any importance, she is indignant and

visits other doctors and surgeons. From month to month her neurasthenia is increasing. That neurasthenia has been created by her being insured by the State.

Such cases are by no means exceptional. I could quote hundreds of similar examples. As soon as men and women have gratuitous medical and surgical treatment thrust upon them, they are apt to search their bodies for signs and symptoms of disease as carefully as a monkey searches for fleas. One might almost say that the search for disease becomes an occupation, if not a mania. Thousands of people say to themselves: "As I am insured I must see to it that I receive every possible benefit I can obtain."

A young woman came to me after the birth of her first child, complaining about vague pains in her arms and legs. She looked extraordinarily healthy, had a blooming complexion, was full of strength and energy, and I could find no cause for her complaints. Thereupon she asked me to certify that she was totally incapacitated because she wished to draw the dole and her own doctor had refused to furnish the necessary certificate. Of course, I declined her request. Thereupon she argued: "We pay every week our insurance contributions and we working people ought to have something for our money. I do not want to lose the money I paid. I want to have something for it. Could you not order something for me, such as artificial sunlight treatment or medicated baths?" I replied: "My dear lady, we are in August and the sun in heaven, for which you pay nothing, is infinitely better for you than ultra-violet rays. Moreover, medicated baths are vastly inferior to baths in the sea and in the sunshine, and in ten minutes you can be bathing in the sea." She was not satisfied and then asked me to prescribe for her a tonic. I smiled and pointed out to her that she looked the picture of health and weighed



more than 12 stone. Whereupon she demanded that I should prescribe at least a hair wash for her.

Every extension of the various insurance schemes creates a flood of malingerers. The last report of the Hamburg-South-America Shipping line, issued in February, 1929, states :

“The recently introduced sickness insurance for seamen has caused a great expenditure on premiums to ship-owners, and we are afraid that the obvious and unmistakable abuse of insurance will add further to its cost. The way in which insurance is abused may be seen from the fact that in 1928, the first year of sickness insurance of seamen, 1,640 of our seamen reported themselves ill. As the number of seamen employed by us comes to 2,800 it follows that since the introduction of sickness insurance 60 per cent. of the men became ill in one single year. Before the introduction of compulsory sickness insurance we treated our men at our own expense, not at theirs. Before the insurance came into force only 250 of our men, or 10 per cent., reported themselves ill and were professionally treated. Since the introduction of compulsory insurance the proportion of sickness has increased sixfold.”

The *Königsberger Allgemeine Zeitung* wrote in No. 112, 1927 :

“A well-to-do gentleman who had always enjoyed perfect health, and who used to visit the doctor once or perhaps twice a year, was included a few months ago in one of the middle-class insurance schemes. Since then he has acquired the habit of going every week two or three times to a doctor, asking every time for a complete physical examination. Not satisfied with a complete overhaul every two or three days, he has gone to various specialists to be thoroughly examined with regard to his nerves, eyes, etc., as he casually told one of his doctors. His doctor asked him : ‘Is there any reason for your going to eye and nerve specialists, have you any cause to complain about eyes and nerves ?’ In reply he stated : ‘No, I am quite satisfied with my eyes and with my nerves, but as I am paying quite a big sum every month for being insured, I think I ought to have some return for my money in some form or other.’ ”

Insurance against accident should be reorganized. The desire to secure an income from the State, a pension for life, demoralizes all who desire an income for life without labour. If the well-to-do wish to become demoralized by becoming pensioners for life, they may do so. The idle rich who do nothing but idling deserve contempt. However, we should save the labouring part of our population from the curse of becoming life pensioners without cause, malingerers for life. Of course, those who have been seriously injured and the widows and orphans should be cared for. Formerly employers of labour and the local authorities cared for the victims of industry. This is no longer possible. Things have to be regulated by law on a national basis. However, is it really necessary to create a gigantic and costly official apparatus to look after those who are in need ? In case of ordinary accidents the victim should rapidly be compensated by a single payment and the possibility of securing a pension for life from the State should be eliminated. I always ask people whether they have ever seen a happy and contented dole drawer. I, myself, have never met such a person, nor has anyone else as far as I am aware. Those who live on their various small pensions owing to accident, etc., are always embittered people, unwilling to work, whose life has become an empty blank, a thing without a purpose.

I think it would be well to combine invalidity insurance and accident insurance into a single unit so that we should have only two forms of insurance, insurance against illness and insurance against permanent incapacity through accident, chronic diseases and old age. The present organization has erected imposing administrative palaces, has created a large army of officials and has caused endless waste of time with filling in forms, writing reports, sticking stamps, controlling everything and everybody, etc., and the result of an



enormous expenditure of labour, time and money is an absolutely insufficient income for the insured beneficiaries. The people ought to be freed from the curse of over-organization. An energetic statesman who carries out the needed reform would acquire the prestige of a Bismarck. The State ought to look after the invalids of labour as it looks after the invalids of war without wasting endless time with affixing stamps, etc.

My criticism of the national insurance organization applies very largely to numerous other methods of insurance. Of course I know that many philanthropic organizations do good, that many individuals benefit by them. Still the encouraging examples seem to be in a small minority. On the whole, these organizations seem to cause the softening of the fibre of the individual and the creation of more or less imaginary diseases. Social injustice exists and should be combated, and poverty and want should be eliminated. However, instead of dealing with the evil at the root, we disregard the strong root and deal only with the feeble outer branches.

A doctor wrote to me :

"I begin to hate the word organization. The word organization is the favourite word of those who endeavour to make the nation happy. Since the beginning of the Great War we have tried to organize everything and have organized things out of existence. Those who carry out their duties under the various insurance schemes, etc., and who come actually in contact with the people, tell me that want and distress are as great as ever and that the result of their activity is practically nil. The only actual good done by the great official apparatus consists in its being able to deal with actual cruelty to children by freeing them from their parents."

Official attempts to benefit the people usually result in failure. I would describe an incident which opened my eyes to the facts. The people of Danzig, where I live, had created, before the War, a home of

recuperation in the woods. Anæmic, under-nourished and emaciated school children, suffering with rickets, tuberculous glands, etc., were sent by steamboat to the home in the woods every morning and were fetched back and sent to their homes in the town every evening. The steamer trip took half an hour either way. The time spent in the open air and in the sun, bathing in the sea, combined with plenty of good food given to them, rapidly led to recovery and gain of weight in practically all cases. Every six weeks another set of children were sent out and thus a hundred children were benefited every year. The cost amounted to about £750 per year. Dr. Catoir, a friend of mine, who looked after the medical side of the institution, gave a public lecture, asking for funds. The lecture was accompanied by illustrations from photographs thrown on the screen. In numerous photographs he showed us the small, damp and unwholesome rooms without light and air, veritable dens, which were the homes of these poor children. Their homes were never visited by a ray of sunshine and their windows looked upon dark and evil-smelling courts and sweating walls. Many of the walls of these so-called homes were overgrown with fungus. The picture was completed by foul open drains, filthy kitchens, incredible sanitary conveniences, etc. We were told how many cubic feet there were per inhabitant and how many of the people of Danzig lived in the conditions described. We were horrified to be told that the State took excellent care that the criminals condemned to hard labour were well housed, well fed and were given so many cubic feet of air space, while a large part of the working population had only a fraction of the air space supposed to be necessary. We were horrified to hear that these moist and unwholesome dens were shared with lodgers, that very few children had a bed of their own.

Those who have seen photographs of interiors of this



kind and the statistics showing how large a percentage of the population is herded in these hovels cannot feel very comfortable in their pleasant rooms and in their soft beds and they know that all the steps taken to help the children, to provide for the tuberculous, etc., are quite insufficient. I was deeply moved by Dr. Catoir's lecture. When he had finished, we two went home arm in arm, and, while walking along, I asked him : " How many children in Danzig live in these ghastly conditions which you have described to us ? " He gave me the figure, but I cannot recollect it exactly. I only remember that it was a large one. There were many thousands, and he added that, apart from the children, a very large percentage of the grown-up population suffered in the same way. When I asked Dr. Catoir how many of these children he took to the home of recuperation in the woods he answered : " About a hundred. " " How long do they remain there ? " And the answer came : " Six weeks, and if we allow for their sleeping in their homes, they spend three weeks in the open air. " I then inquired : " And where do they spend the remaining forty-nine weeks of the year ? " And he replied : " In the dark, airless, sunless and unhealthy homes which I have shown on the screen. " I then told him that I thought it absolute madness on our part to allow tens of thousands of people to rot in these ghastly dens and to take a tiny percentage of the children, send them for three weeks to the woods and adopt the air of public benefactors.

It is absolute madness to create tuberculosis and rickets by allowing people to live and breed in these conditions and then to distribute cod-liver oil to the poor sufferers and send them to sanatoria. It is only natural that some of the people living in such circumstances become drunkards. After having created drunkards, we provide the same drunkards with official advisers to lead them back to sobriety.

It is all very well to praise modern social policy by speech and in print, but those who praise these achievements either deceive themselves or deceive others. Of course it is clear to me that men in work are able to obtain better homes than those described if they abstain from alcohol. Dr. Catoir and I went carefully into the facts and figures and our calculation and investigation showed us that sober and thrifty workers were always able to exchange these terrible dwellings with wholesome ones. To-day matters are very much as they were before the War.

I do not want to discuss whether the plans of the land reformers are practicable or not. I am certain something must be done to improve matters. Unfortunately doctors are not much interested in the topic. Some years ago I wished to give a lecture at our local medical society entitled : " Doctors and Land Reform." The manuscript of that lecture is still on my writing-desk but the lecture was never delivered. It was declined by the committee as not being sufficiently scientific. Instead, a lecture was read on the operative treatment of appendicitis, illustrated by 100 cases.

Land Reform and Socialism go hand-in-hand. However, although Socialism is popular at the moment, those who profess Socialism politically do not always practise it privately. One of my friends visited a certain celebrated professor, who is a convinced Socialist. He had expected to find the professor in a modest home and he was amazed when he entered his villa which might have belonged to a prince. In his surprise he exclaimed : " Considering that you are a Socialist, you are living in great luxury." The professor retorted : " My villa is a model villa. We Socialists wish that every working man should have a villa as elegant as mine." Social conditions in Germany can best be illustrated by some dry official figures. During the period from the 1st January, 1925, to the 23rd Septem-



ber, 1926, there were in Berlin 9,256 live births compared with 9,441 miscarriages.

Among the doctors there are many Socialists of the type of the elegant professor. Such doctors speak eloquently about the horny hands of the working man, but they take good care never to touch the same horny hands, and on closer acquaintance one finds as a rule that these Socialist doctors are Socialists not because they wish to benefit the less fortunate among their fellow men, but because they envy those who are better off than they are themselves.

## CHAPTER VII

### THE DOCTOR AND THE HEALTH OF THE RACE

**I**N the preceding chapter I did not mention an advantage which the doctors have derived from the social insurance organization. Owing to social insurance, the doctors have come into personal contact with an enormous number of the poorest of the poor, of whose existence they otherwise would have been unaware. Medical thought and medical activities are based principally upon experience. His own observation causes the doctor to acquire knowledge of health and disease, of their causation, etc. Tuberculosis is caused not merely by the bacillus of tuberculosis. The thing is not so simple. The question is whether the bacilli of tuberculosis enter a body which can offer a vigorous resistance to disease or a body in which the power of resistance is weak or very weak. Nowadays more than ever the constitutional factor and the factor of inheritance are of importance with regard to disease. General practitioners of the old school were fully aware of the importance of the hereditary and constitutional factors. The thoughtful physician recognizes that it is his duty not only to take care of the diseased individual. He recognizes that it is also his duty to take care of the future of the race. Individual hygiene and racial hygiene call for our earnest attention.

Every physician who takes his duties seriously is aware that his task consists not only in treating



existing disease, but also in preventing possible disease. The physician should be an educator, a teacher, and he should carefully study the health of the race. I cannot write a handbook on racial hygiene as part of this book. I cannot treat this topic comprehensively in a few pages. I can only touch some of those points which are of the highest importance to every doctor because they concern the welfare of the nation as a whole, its rise or its downfall. We doctors should not live from day to day, engrossed entirely in our daily task. We ought to have a larger outlook upon life.

Nowadays every doctor ought to be acquainted with the principles of heredity, as established by Mendel. When I was a student, the important facts of heredity were treated as of no importance by the schools. I believe nowadays things are not very different. Yet Mendel's principles of heredity were re-discovered as long ago as 1900 by Correns, Tschermak and De Vries. In 1895 Ploetz wrote his great work, *Foundations of Racial Hygiene*, and he became the founder of the science of racial hygiene in Germany. It is probably not by accident that Ploetz was a general practitioner for many years and that another general practitioner, Schallmayer, wrote the first comprehensive descriptive work on the subject. In Germany we have a large number of eminent thinkers and writers who have specialized in the subject of racial health. Nevertheless, in the whole of Germany there is only a single professorship of racial health in Munich and no student is compelled to hear lectures on racial health and on heredity. The medical student is free either to study these subjects or to ignore them, although they are of the greatest importance. As the hours of the day at the universities are well filled with other compulsory lectures, most medical students are not able to study

eugenics, even if they should be interested in the subject. Many professors like to induce their students to specialize in the same subject in which they specialize themselves. As the universities do nothing for racial health and preventive medicine, it is, of course, particularly urgent that individual medical men should assiduously study the subject.

The first great work on racial health was written by Galton, entitled *Hereditary Genius*. Of course, it is now out of date. Of the German works on the subject which every doctor ought to read and study are those of Schallmayer, F. Martius, Grotjahn, Siemens, J. Bauer, Günther. The most important German work on racial health is the work written by Baur, Fischer and Lenz. Most of the figures quoted by me are taken from the second volume of this book. Novices should read the excellent book on racial hygiene by K. H. Bauer, in which the leading facts are given briefly and readably.

If one studies racial health, one is overwhelmed by the impression that the individual is of no importance compared with the race. The individual is merely the momentary expression and shell of the immortal germ plasma. The biological task of every individual consists in handing on the plasma undamaged to the generations following. All scientists, not only medical men, should study biology, if only in order to understand this all-important truth. Its recognition will necessarily make us modest and is bound to fill us with awe when contemplating the great problems of life. The second impression which the thoughtful doctor will receive is the impression that our social measures are in the main useless, if not harmful, confirming the views expressed in the previous chapter. The most valuable asset of a nation is the sum and substance of the plasma, of the racial germ. The character of the essence of the race can be affected



by three factors : by outer circumstances, by hereditary changes and, lastly, by selection. The first and second factors need scarcely be considered. Hereditary changes, changes which owing to factors connected with inheritance produce variations and even new races, have been for me an insoluble riddle, the greatest riddle of biology. The creation of new varieties and races is certainly not due to chance, unless we imagine that chance, not law, rules the world. We can only imagine that a mighty architect fashions these things, an architect whose actions we can neither know nor comprehend. The only thing which we can do is to act with veneration when we happen to come in contact with the hem of His garment.

Most of the racial changes which have hitherto actually been observed are changes making for deterioration, are morbid changes. They prevent the individual harmonizing with the world around him and lead to his elimination. At any rate, there is never perfect harmony between the individual and his surroundings. At best there is an approximate harmony. Thus hereditary changes may favour the harmonizing of individual and circumstances and thus enable the individual to survive in the struggle of life.

Outer circumstances affecting racial health are only too often greatly overvalued. Experimentally we can easily change the colour of a flower, or the colour of the eye of an insect, or the colour of an insect's wing by exposing the flower or the insect to certain temperatures, but we must remember that outer circumstances can effect only those changes which can take place in the individual owing to the existing capacity for change found in the individual.

The truth of this may be seen in the domain of sport. Only those can become athletes who possess already the necessary capacity. Those who were

born weaklings, who were meant to be weaklings, will never acquire great muscular strength, however strenuously they may train themselves. Those who are acquainted with biology are not at all surprised that the visions and alluring promises of race betterment made by the intellectual leaders of the equality movement, have come to nothing. Of course, it is clear that we can develop the gifts of gifted children by means of better schools, free education and so forth, but if the natural gifts are lacking, our attempts to improve the race by education will be vain. We must not forget that the present elementary school actually keeps back the truly gifted children. Those who wish to study the subject at length should read Lenz, *The Biological Foundations of Education*. It is impossible to turn into a musician a human being devoid of musical talent, even if that unmusical individual is enabled to attend gratuitously the best music school in the world for years. Inborn gifts cannot be replaced by application. That may be seen by the study of history, politics, the sciences and practical economics, for that fact is illustrated in all these by innumerable examples.

It is, of course, a mistake to believe and to assert that intellectual capacity is to be found only in the upper strata of society. That is not the case. There are numerous gifted men and geniuses of the first rank who rose from the lowest stratum. I would mention men such as Luther and Beethoven. Moreover, we know that the intellectual sections of the nation which are found in the large towns would die out and disappear if ability was not supplied from the great reservoirs of national health and strength among the agricultural labourers and farmers, artisans, industrial labourers and minor officials. We find all the time a selection of the gifted taking place. On the one side we see the higher strata



of the past disappearing and on the other we see the rise of the talented from the lower strata to the upper. If we consider the degeneration and disappearance of one class and the rise of a class of intellectual leaders from below, we recognize that the most effective, and in fact the only, means to influence the value of a race consists in the selective process. Therefore racial hygiene is, rightly considered, the selection of the fittest and nothing else. And if we carefully consider this fact, we arrive at the conclusion that civilization tends to prevent the natural selection of the fittest. Mistaken artificial changes of races are rapidly corrected by the irresistible force of Nature. In the case of animals living their natural lives, the existence of females possessing too narrow a pelvis is unthinkable because such females are bound to die when giving birth. Things were similar with our ancestors long ago and are similar among primitive tribes. It is different among the civilized. Child-birth can artificially be effected among civilized women if the pelvis is ever so narrow, and thus the constitutional fault of too narrow a pelvis will be inherited from generation to generation.

Defective eyesight would rapidly lead to the disappearance of those animals which depend on their eyes for their living. In the world of antiquity a short-sighted soldier would have been unthinkable. In civilization things are different. During the Great War thousands of soldiers fought with spectacles on their noses, and leading generals were often men with very poor eyesight. I could give dozens of similar examples. All scientists who have studied the health of primitive races agree that certain defects such as flat-footedness, bandy legs, crooked spines, etc., are entirely absent among them, that rickets do not exist and that many widespread and dangerous diseases, such as cancer, gallstones, kidney stones,

etc., are not found among savages. Whenever savages become civilized, these diseases of civilization are found among them. That is shown by the negroes of the United States.

The so-called poisons of civilization, such as alcohol, morphia, and cocaine, are particularly pernicious. Even if we disregard the question whether alcohol directly degrades the racial germ, it is clear that the unrestricted production of children on the part of those suffering from chronic alcoholism endangers the race, particularly because alcoholism is apt to lead to the spreading of sex infection. Morphia and cocaine prevent often the continuation of the race by making sterile people belonging to the upper classes, doctors, chemists, nurses, etc.

The worst enemy of civilization is venereal disease. The statistics relating to venereal disease, given by Lenz and other authorities, are terrible. We have been told that in the town of Hanover in 1919, 35 per cent. of all men up to the age of 50 were syphilitic, while of the women of the same age, 22 per cent. were syphilitic. In Vienna, 1 out of every 7 persons is syphilitic, according to Schlesinger. Gonorrhœa causes childlessness in from 4 per cent. to 7.5 per cent. of all marriages. This means in the case of Germany that there are, owing to this cause, 500,000 childless couples causing a loss of 1,500,000 births.

The upper classes of society are particularly endangered by delay in marrying. It cannot be doubted that many of our most valuable and most talented families are exterminated by syphilis and gonorrhœa.

We all have seen the terrible selection effected by the War which has eliminated the fittest, not the unfittest. It has destroyed the strongest and ablest individuals. It has exterminated men of energy and enthusiasm, while the physically incapable, the cowards and the useless have survived.



In view of the details given in the previous chapter, it is obvious that the medical art and science, as practised at present, actually promote the selection and survival of the least fit. Kautsky, the well-known Socialist leader, wrote in his book, *Increase and Development in Nature and Society* :

“The art of medicine is not so much an art which strives to make the sick healthy, but it is an art which strives to prolong the life of the diseased and thereby enables the diseased to procreate children. Herein lies the meaning of the reduction of the death-rate during the last few decades which mistakenly fills us with pride.”

What attitude should the physician take with regard to these questions? Should he recommend that we should act like the Spartans and expose babies who are born weaklings and destroy them? Certainly not. Leading men in the science of eugenics do not advocate such a policy. They argue correctly that, apart from other considerations, we might easily destroy a future Kant, Beethoven or Helmholtz if we judged of the value of babies by their physical strength and health. Before destroying a life which we do not think worth preserving, we should always ask whether life is desired by the individual in question.

In my daily medical work I meet again and again patients who are the picture of health, mostly men, who declare that they will not allow themselves to be struck down by chronic disease or affected by chronic sufferings. They often tell me that if they should have the misfortune to be attacked by an incurable disease, they would commit suicide. I have often been able to follow the lives of such men. I have seen many men who possessed perfect health and exceptional strength become victims of an incurable disease when they were in their best years. However, none of them has voluntarily ended his life. On the contrary, every one of them

was determined to prolong his life to the last minute. One of them, a young athletic doctor who died miserably of chronic nephritis, was honest enough to admit on his deathbed that he had changed his mind. He told me that life was so attractive from many points of view, even if one was exposed to suffering, that he had not been able to end his life as he had intended.

Under these circumstances it would be a crime to shorten deliberately the life of another individual. Our eugenists, who strive for the health of the race, correctly argue that the question whether a worthless life should be shortened or not is of no importance, that the important thing for the future of the race is to prevent the procreation of the worthless and to favour the procreation of the valuable strains. A large portion of those who are of inferior stock die before the age of procreation, among them the tuberculous, those with inherited syphilis, those with general weakness, etc., and about two-thirds of those stricken with brain disease do not marry for obvious reasons.

Of late the question has often been discussed whether we ought to sterilize undesirables, such as habitual criminals, drunkards, the mentally deficient, prostitutes, etc., by appropriate measures. I think such a step is feasible and would be of great utility, especially as the socially worthless are often far more prolific than the socially valuable. According to experience, it is true that habitual criminals and prostitutes do not beget large families. On the other hand, the less gifted and the mentally deficient are apt to have a numerous progeny, and the study of the genealogical trees of the Jukes, Kallikak and Zero families shows that in the families of the mentally deficient criminal tendencies are apt to develop.

How seriously the degraded sections of the community can affect the entire race has been clearly



shown in Dr. Buttersack's book, *Let us Oppose Race Degeneration*, by means of figures which fill one with horror. We would be able to apply gigantic sums to the promotion of racial health if we should succeed in diminishing the percentage of the worthless. Dr. Grotjahn, a Socialist, wrote :

"We shall only be able to give the greatest care to the tuberculous by treating them medicinally, caring for them, and enabling them to recover, if we cut off the possibility of their handing on their disease by way of heredity to future generations. If one of the nations should make up its mind to devote the huge organization of its hospitals and other social institutions to the deliberate elimination of the physical and mental weeds, it would rapidly go ahead of all other nations from decade to decade."

In Germany proposals for the mechanical sterilization of the worthless have been made during the last few years, particularly by Boeters and Braun of Zwickau. They have not been able to obtain a large number of adherents. I suppose my readers are aware that some of the North American States have advanced considerably in this direction. According to Hoffmann, 12 of the individual States possessed as early as 1913 laws relating to the sterilization of the worthless, while 30 out of the 43 States of the Union had laws regulating marriages from the hygienic point of view. I would also point to the fact that the American authorities carefully select the fit among intending immigrants and refuse the unfit. Germany acted very differently in allowing free entrance to immigrants from the East during the pre-War years. These things have to be regulated by law. The legislation should certainly not act precipitately, but the danger is that protracted study of the question will lead to nothing but printed reports. It is the task of the physician to appeal again and again to the national conscience and so arouse our sense of

responsibility for the health and the future of the race.

State action is required to combat the abuse of morphia and cocaine, of alcohol and tobacco, but the most important thing will be that we doctors insist upon State action in combating the venereal diseases. In view of the figures quoted in this chapter, it is obvious that we can do nothing with half measures. We must act energetically and carry out the demands of our leading eugenists. State intervention is justified in this matter, even if it interferes with the liberty of the individual. Our proposals, which have often been discussed, are the duty on the part of the infected, or of the doctor treating the infected, to report every case of infection to the authorities, secrecy being assured, prohibition of treatment of the infected by unauthorized healers, creation of offices where those desirous to marry can obtain advice, enlightenment of the young in the realities of sex life and its dangers, compulsory retention in hospitals of those suffering from infective venereal disease, and heavy punishment of those suffering from sex diseases who knowingly infect others. It is a matter of course that the doctors will have to be consulted in carrying out these proposals.

Of course I can only outline matters very briefly. Those who wish to study the reasons for and against these proposals, existing and proposed legislation, etc., should turn to the writings of those who have specialized in racial health, mentioned in the foregoing.

The question whether the young should be enlightened on questions of sex and on sexual dangers is one with regard to which there is by no means unanimity. In Austria the authorities introduced such courses at the schools, but they were discontinued. Enlightenment on sex matters may often



act unfavourably. I have met such cases in my practice. At the moment I am treating an unmarried woman, about 35, who seems to me to be an ideal mother in body and mind. She has a good figure and an attractive face. One day I asked her why she had not married. She replied: "When I was quite a young girl I heard a lecture of enlightenment on sex matters. I was horrified when I heard how large a percentage of the men were infected with syphilis. I was so deeply impressed that I made up my mind that I should never marry, and I refused every proposal made to me."

Incidents such as this one may be used as an argument against the policy of enlightenment. However, one should not condemn enlightenment as such, but only enlightenment wrongly given. All those who have seriously thought about matters educational are aware that it is not sufficient for a teacher to possess the scientific and statistical knowledge which he requires. In addition to that knowledge the teacher must possess the higher qualifications, the ability to act not only upon the brain, but also upon the imagination and the soul of those whom he wishes to teach. There are many medical practitioners but few physicians. Similarly there are only a few teachers among the schoolmasters. If a doctor wishes to act as a teacher of morality and hygiene, he must have the gifts of the teacher, not those of the schoolmaster. The example of the girl who refused to marry is not very convincing. A woman possessing the natural, healthy sex instinct would have overcome the horror created by an unsuitable lecture.

Many of my medical friends who have been protagonists of enlightenment and who have striven to combat venereal disease have told me that enlightenment has proved practically useful. They tell me that the percentage of youths sexually infected has

been greatly reduced since the beginning of the campaign of enlightenment. Opinions from such experts should prove convincing to all of us. Of course, it may be doubted whether reduced infection is due to greater morality or to an increased interest in active sport or to the increased use of means of preventing sex infection. However this may be, the principal thing is that venereal disease must be fought because it is the most dangerous enemy to racial health.

If we wish to combat the abuse of alcohol and tobacco, I think example is more valuable than precept and argumentation. If a doctor wishes to be active in preventing the abuse of alcohol, there is only one way and that is complete abstinence from alcohol on his own part. Doctors who proclaim themselves moderate drinkers and who speak against the abuse of alcohol merely arouse the hilarity and derision of the drunkards and of their friends.

The prevention of venereal disease and of the other diseases of civilization and the prevention of the increase of the feeble-minded is less important than the promotion of births among the socially most valuable individuals of the race.

The most dangerous problem is the reduction of the birth-rate. Of course, it need scarcely be stated that the value of a nation cannot be gauged by its numbers. The limitation of births can be a blessing if such limitation favours racial improvement, if limitation is practised by the socially worthless. A single individual of good stock is infinitely more valuable to a nation than a hundred members of the notorious Kallikak family.

The question of the limitation of births is becoming ever more important for Germany in its enslavement. In consequence of the political and economic consequences of the War, Germany can give work and bread only to two-thirds of her inhabitants. There



are two possibilities. Germany can either organize emigration on a large scale or limit the number of births. Apart from other considerations, emigration of the surplus workers is made impossible by the existence of unemployed insurance, which prevents emigration as I have previously shown. There remains the second possibility of limiting births. The limitation of births may be a great evil. However, if that limitation was practised only with regard to the worthless, the bulk of the people would become composed of the able and the competent. Our leading eugenists have correctly pointed out that the future of a nation always depends on the surplus of births over deaths. It does not matter how often a nation is defeated. That may be seen in the case of the Chinese. The final decision as to the fate of a nation is made not on the field of battle but in the nursery and in the domain of biology.

Germany lost her Eastern provinces to Poland not in consequence of her defeat. She lost them before the War because the Polish inhabitants of those provinces multiplied far more rapidly than the Germans. Tacitus wrote 1900 years ago: "Among the Germans it is considered a crime to limit the number of child births." Religious factors have much to do with the high birth-rate among the Poles. The Roman Catholic Church considers it a mortal sin to use means to prevent conception. At any rate Polish mothers are extraordinarily prolific. Many Polish women come to consult me. A short while ago I asked a peasant woman, 36 years old, "How many children have you?" She told me she had sixteen. When I inquired how many of the sixteen were alive, she said that all of them were alive. Her husband accompanied her and I told the patient, "Your husband looks extraordinarily young. How old was he when he married you?" She informed me that he

was her second husband, with whom so far she had had no children.

Now let us look at another section of the population about Danzig. The delta of the Vistula is inhabited by a strong and extremely healthy and capable race of Northmen. Many are immigrant Dutchmen. The soil is prolific and the peasants of the Vistula are mostly prosperous. When I first came into practice, I frequently saw wives 30 years old with a dozen healthy children. However, years before the War the artificial limitation of births began among them, and nowadays one meets many families where there are only two children or only one. In 1921 the birth-rate in Germany was 19·5, while in 1872 it was 46 per thousand. The journal *Bodenreform* stated :

“ At present there are 7,000,000 children up to 12 years old fewer than there were in 1914. By 1933 the young generation up to 18 years will be only half the numbers of the 1914 population.”

The journal *Hörrohr* wrote :

“ The demand for coffins is greater than that for cradles. In 1913, in Berlin, there were 26,735 more births than deaths. On the other hand, in 1926, deaths in Berlin exceeded births by 289.”

A nation in which there are only two children per family is lost and its disappearance is merely a question of time. There is such a thing as race suicide. Nations disappear only by destroying themselves. According to Lenz and Bauer, the minimum proportion of births to maintain the numerical strength of a nation should be 21 births per thousand inhabitants. In 1926 the proportion of births per thousand in Berlin was only 11, and in 1923 only 9·4 per thousand. Those who look around them are aware that racial suicide is particularly to be found among people of the middle class, among the educated and refined, in the intel-



lectual sections. To give an example, at a certain high school there are ten teachers. Nine are married. Of the nine married couples six had no children at all. Of the three with offspring one family had three children, one two, and the third one also had two. There were therefore seven children to nine married couples and an increase of the number of these children is not to be expected. The minimum for keeping up the population would be in the case of these teachers that together they should have from thirty-one to thirty-four children.

Paul Schultze of Naumburg wrote in his book *Art and Race*, on page 126 :

“I have tried to get at the figures of births among my personal friends and acquaintances and took the trouble to write to all those whom I had encountered and who had impressed me by their gifts or talents and by their mental and physical eminence. They were altogether about 100, and I wished to know how much offspring they had had. The result was crushing to me. Of all the people I wrote to 74 per cent. had no children at all, 5 per cent. had a single child, and 21 per cent. had two or more children. Talented families are dying out. Of course the people I wrote to may not be representative. However, I am inclined to believe that barrenness similarly great may be found among the talented and prominent in general.”

Unfortunately the progress of civilization, overpopulation and the difficulty of making a living, even in the case of people who are able and hard working, increase year by year the hardships of married people and therefore deter from marriage. Nowadays able men are often able to make a living only when they become middle-aged. I would give an example from the medical profession. The well-known surgeon Sozin got a professorship in Bale at the age of 24. Thirty years ago many men obtained medical university professorships when they were round about 30. Nowadays that does not happen.

If a man is a great genius, has written a large number of excellent books and has acquired a great reputation, he may become an old man before he will obtain a professorship, if he can obtain it at all. At the German universities there are men in the forties and fifties who still are only assistants. I am acquainted with a large number of doctors more than 50 years old who have not been able to establish themselves through lack of money, notwithstanding considerable capacity. If doctors have not inherited money and are too honourable to marry for money they will remain barren and have no progeny, for they will not be able to marry unless they should do so recklessly.

The leading class of the population, the class which provides the ablest, is stationary or retrogressive because marriages are concluded only very late in life. On the other hand, the socially less valuable members of the community who leave the care of their children to the community can marry early and have any number of children. Almquist stated correctly that to the State a man of genius is more valuable than a million ordinary citizens.

Is it possible to remedy this condition of affairs by teachings and preachings? As soon as a topic like this one is discussed, societies are formed for propaganda purposes. However, agitation on the usual lines does not produce much result. When the reduction in the birth-rate before the Great War was stirring up the nation, and particularly the doctors, the Medical Society of Danzig elected a committee of three for combating the reduction of the birth-rate. The three doctors who were elected were elderly married men who possessed locally a good reputation, but unfortunately the three had among them only a single weakly child. They earnestly started on their propaganda designed to increase the birth-rate among Danzig citizens, but I imagine that



their agitation did not lead to the production of a single additional baby.

If we look at America and see what able and energetic men interested in racial health have already achieved, it must be clear that much can be done on this side of the ocean as well if we act in the right way. Let us not forget that the science of racial health is scarcely thirty years old. During that time the scientific basis has been laid which will enable us to act and to secure the national future and racial health. Obviously little can be done unless the State supports the movement with the greatest energy. However, every individual can help, and no one is better able to help in spreading the gospel of racial health than the physician. I need scarcely tell my medical readers how much good they can do by wise action in their consulting-rooms and when visiting their patients.

Most of the measures proposed by our eugenists can be carried out only by the State by means of legislation. Of course the thoughtful ask whether legislation for the purpose of race betterment can be effective. Having read history, they will remember that Ancient Greece declined and fell through the reduction of the birth-rate, through race suicide, although wise, far-seeing and patriotic men had again and again pointed out the danger. In Imperial Rome we see once more the decline of a great nation through insufficient fertility, through the limitation of births. Rome passed numerous laws to meet the danger, such as laws penalizing the unmarried, laws placing special taxes on bachelors, laws assisting families with numerous children in various ways. In short the very things which specialists in the science of race betterment propose at present were not merely proposed, but were actually carried out, in Ancient Rome. However, in spite of all the legislation introduced to increase the Roman population, Rome was

overwhelmed by the Germanic tribes, by primitive tribes which were exceedingly fertile. The strongest weapons and the best measures are useless against the overwhelming pressure of a fertile race. Nothing can withstand it. Dr. Buttersack quotes a Chinese authority writing in the sixth century before Christ to the effect that overmuch legislation is a sign of national decay.

It is no use indulging in pessimism regarding the race because of historical events of the past which are apt to depress us. The laws of Ancient Rome which were established to strengthen and increase the race were no doubt very effective as long as they were carried out. Rome's decline and downfall began when these laws were disregarded, or were not enforced. The modern State has far more potent means to enforce its will than Ancient Rome. Besides, it can rely on the support of a vast number of cultured and influential men. Further, laws can be enforced only if they are approved of, and supported by, the intelligent citizens. The Jews can teach us the wisdom of laws devised to maintain and improve the race. That has been shown by Messrs. Grotjahn and Poll. Notwithstanding centuries of persecution and of economic distress, the strict Jews of Eastern Europe live according to the laws of the Bible, are extremely fertile and increase like the sand on the seashore. However, when these Jews get under the influence of Western non-Jewish civilization, the bonds of the Bible are loosened, and they begin to live like the Christians around them, from whom they were isolated. In Berlin, I find that restriction of the birth-rate and childlessness among married couples is greatest among the Jews, who no longer follow their religion. Jewish statisticians have calculated that the Jewish problem in Germany will automatically be solved within about a century by the race suicide of the Jews unless the Jews dwelling in Ger-



many are reinforced from the great Jewish reservoir of Poland and Russia where the Jews continue increasing in numbers.

It is interesting to compare fertility in Roman Catholic and Protestant districts. As previously mentioned, the Roman Catholic Church treats the artificial limitation of births as a deadly sin. In 1913 there were in Germany to every married couple 4·7 children among Roman Catholics, 2·9 children among Protestants and 2·2 children among Jews. If these figures remain unchanged, one can easily calculate the time when the Roman Catholics will have overwhelmed the Protestants in Germany.

I have mentioned these things in order to show that legislation intended to increase the population can be successful only if that legislation is approved of by the citizens. We must not forget that legislation of this kind is not likely to be supported by men and women of the present time who are animated by selfishness and enslaved by materialism. Most men are more interested in their own comfort and amusement than in the happiness and future of their descendants and of the race. Many of us have been influenced by Socialistic teachings. Their doctrines that all men are born equal and that the rise of the proletariat is prevented only by economic factors are untenable. The defects of economic life are obvious and cannot be denied. On the other hand, all who have studied the elements of biology are aware that individuals differ from birth, that no two cells are alike, that the fate of men and women is determined long before they are born. The masses of those who hold Socialistic views do not recognize that Socialism is practicable only if it is coupled with the utmost unselfishness. The idea of most Socialists is that they ought to have an easy time with the minimum of work, that others should work for them.

Statesmen and politicians are unfortunately not guided by wise biologic views. Instead of furthering the rise of the gifted by every means in their power, they strive to raise the mediocrity and the lowest sections of the community, actually hampering the gifted and converting the State into a gigantic home for the maintenance of those who are racially of inferior value.

The outlook is depressing. On the other hand, we must remember that materialism is no longer all-powerful. If we look around and study the art of healing, the natural sciences and even mechanics, we find that people are turning away from the exaggerated materialism which prevailed at the end of the last century. Materialism is being replaced by practical idealism and it is the duty of the physician to further this desirable development. If this movement continues and becomes stronger, we shall find that the idea of race improvement will become more acceptable to the masses, and then it will become less difficult to introduce and enforce legislation aiming at the increase and the improvement of the race.

I would like to mention a few measures which might be introduced without delay. Let us begin with the medical profession. The State might enable capable young physicians to marry when young by improving their income and securing them against want by suitable pensions. Some measures in this direction were introduced soon after Germany became a Republic, and they proved practically advantageous, but unfortunately the measures taken have been whittled down for reasons of economy. It should be established by law that official salaries should not be equal but should be differentiated, giving to an official with a family of children a higher income than to unmarried officials doing the same kind of work. The assistance given to married civil servants at present is quite



insufficient to compensate fathers of large families. The same principle should be enforced with regard to taxation. Taxation should be based not merely on income but also on the number of children dependent on the income tax payer, and the general taxation and death duties should be differentiated in favour of large families.

A policy of agricultural settlement should be undertaken in order to enable young agriculturalists to marry and to thrive. A leading agriculturalist pointed out to me that in the rural part of Germany the limitation of childbirths began when the new Civil Code was introduced, which forces people to divide their property equally among all their children. That provision made it impossible for families with many children to maintain the farm. A farm cannot be divided into half a dozen small properties. The farmer, and particularly the farmer who owns a freehold farm, wishes above all to maintain the property which he has created, and he limits his family if he knows that the farm will have to be sold after his death in order to divide the money among his children.

Our eugenists have often brought forward the arguments which I have advanced in these pages. Their demands have not been heard. Eugenists should be enabled to preach their doctrines from a suitable platform and to transmit them to future generations. In America the science of race betterment is energetically cultivated. The Americans are wise enough to know that the future of the American race depends upon its being permeated with the great verities of biology. Matters are very different in Germany. I think in the whole of Germany there is only one professorship for teaching the most important of all sciences. On the other hand, the German universities possess six professorships of anthropology.

Three of these professorships are vacant for reasons of economy. I know that Germany's tribute during its enslavement, miscalled reparations, comes, according to the Dawes Plan, to £350,000 per day. Still, Germany can afford to pay salaries to a host of professors of Sanskrit, of the other oriental languages, and of the civilizations of far-away and dead nations. However, no money can apparently be raised for studying the vastly more important subject of German race defence and race improvement. To economize on this subject is not only unworthy but incredibly stupid.

Anthropology is an interesting subject, but it takes little notice of the biologic realities and of the future of the living race. Anthropology studies the dead races of the past, racial evolution, compares various races, etc. In short, it cultivates the unimportant while disregarding the all-important. Germany should insist that the professorships of anthropology should be replaced by professorships of racial biology and eugenics and that such professorships should be established at every German university.

The medical student is taught many things, but the all-important topics of racial hygiene and heredity are left out. These topics must be taught, and the study of these subjects should be made compulsory, for a doctor who is ignorant of the laws which determine the welfare of the race cannot be a true physician.

In concluding this chapter I feel bound to mention the fact that it may be that the decline of Western civilization is not a fortuitous occurrence which may be prevented, but is an unavoidable, terrible fact due to the irresistible will of Nature. Those who have studied the history of the world from the biological point of view may be oppressed by this idea. Possibly the philosopher Spengler was right in describing the life of nations and civilizations and comparing it to



all other living organisms which rise, arrive at maturity and then become aged, decline and die.

Biologists often tell us of the tremendous progress effected by men when they discontinued walking on all fours and adopted the upright attitude. However, the question must be asked whether men made that tremendous change by their own volition or whether they had to make this change because that change was provided for when men were created as four-footed animals.

If we look around among the nations we find that there are races, such as the Jews and the Chinese, which show no signs of senility and decline although they have existed for thousands of years. That fact may easily be explained. There are among all animals and plants certain races and strains endowed with an exceptionally great power of resistance. Certain animals and plants have survived from the earliest ages, while others have disappeared. In matters biological a few thousand years are not an important matter. According to our experts, the great Egyptian race flourished during ten thousand years. Nevertheless the wonderful Egyptian race has completely disappeared.

— Lenz wrote in his *Biological Views on Oswald Spengler's "The Decline of the West"*: "Civilizations do not decline and die but races decline and die and with them disappears their civilization. Racial decline and death are by no means inevitable."

Knowledge of history tells us that the decline and downfall of a race and its self-destruction cannot be stayed by teaching and preaching, and even the severest laws are not able to prevent them. A race and a nation can have permanence only owing to a great idea. We find that great idea among the Chinese. The Chinese owe their survival to the worship of their ancestors, while the Jews are given a soul by

their religion and by the bond of the family. Hence we find that the Chinese and the Jews have survived, notwithstanding all military defeats, oppression and persecution. Rathenau was mistaken when he told the Germans that their future depended on the economic factor. Men of the average type are nowadays not very ready to live and work for others. The spirit of 1914 is gone, and half of the young men who were animated by the spirit of 1914 sleep now the sleep of the dead. The best were destroyed by the War and the others remain. A new generation is growing up and I trust that the new generation of Germans will create that which we of the present generation cannot create. The modern youth should be animated by the wonderful words of Frederick the Great: "It is by no means necessary that I live, but it is necessary for me to do my duty and to fight for my country in order to save it if it can still be saved."



## CHAPTER VIII

### MEDICAL SCIENCE, MEDICAL MACHINERY AND THE PHYSICIAN

**I**F we read the history of medicine we find that from time to time attempts were made to make medicine an exact science. At no time was this more noticeable than during the last century. The progress of chemistry, of physical knowledge and of mechanics opened new worlds to us. It seemed as if medicine was on the way of becoming an exact science. The laboratory dominated medicine. The individuality of the physician seemed to be a matter of minor importance.

Very frequently the doctor's attempt to cure the sick is compared to a fight between him and the disease. That idea is faulty. Still, let us follow it up. Until recently generals were fighting battles at the head of their troops. They could be seen by the soldiers. The improvement of optical instruments, the invention of the telephone and the evolution of high velocity guns and rifles changed the aspect of battles. Battles are no longer fought on circumscribed territories, overlookable by the general on his horse. Nowadays the general cannot see his soldiers and the soldiers cannot see their general. The general no longer requires a telescope. He sits in a room, perhaps a hundred miles from the battle front, studying maps, on which the position of the troops is marked. His house is the brain of the Army. Reports arrive by telegraph, telephone and wireless and directions are given according to these reports.

Some have described to us the activities of "the physician of the future," who was to lead a life similar to that of the general in command. We are told that in the future doctors will be found sitting at a large table covered with scientific appliances. They receive from patients thousands of miles away telegrams reporting their temperature, exact scientific descriptions of their pulse rate, heart action, heart sounds, blood pressure, chemists' reports of their blood, their secretions and excretions, microscopists' reports and pathologists' reports, radiologists' reports, etc., all of which are projected on to a screen. Treatment is to be given at a distance. In criticizing these "progressive" ideas I stated that those in favour of the mechanization of medicine were destroying the very soul of the art of healing.

Perhaps this expression is not quite correct. The fighting troops at the front fight energetically and well if they are aware that the general in command in the rear is a brave, intelligent, wise soldier who can be trusted by his men. They will fight badly if they feel that they are directed by a man without capacity and without character. Similarly a patient is willing to be treated at a distance by a doctor only if he has entire confidence in the physician. The individual factor, the psychological factor, is indispensable, even in treatment from afar.

The question must be asked : Is the "physician of the future," who possesses every known scientific instrument and appliance, who has a houseful of tools and machinery, really a particularly capable doctor ? Can he do more for his patient than a plain and impecunious general practitioner in the country, whose only scientific appliances may be a clinical thermometer and a stethoscope, but who is richly endowed with experience, intelligence, wisdom and warm-hearted sympathy ? If I consider my feelings, I would rather



entrust my body to a very human being who is a doctor than to a medical manipulator of scientific tools and machines. However, my personal leanings do not count for much. The question is, whether the progress of science has advanced the art of healing and the efficiency of the doctor.

I have before me reproductions of the wonderful wall paintings made by prehistoric cavemen in Spain and in Southern France. Scientists estimate that they were painted about 25,000 years ago. Of course they were done without the technical appliances known to us. Cavemen found their materials for painting close at hand, using coloured earth, soot, etc., and using their fingers instead of a brush. Moreover, they were not trained in schools of art and academies of painting. Nevertheless their paintings proclaim these prehistoric artists to have been true artists of God-given genius. While the early painters painted the walls of their caves, the sculptors of the Stone Age carved the forms of animals and of men in wood, horn, stone, ivory, etc., while modern sculptors are doing similar work with appliances driven by electricity. Meanwhile, the able-bodied Stone Age men were engaged in the chase, killing wild wolves, bears, buffaloes, etc., with their primitive stone weapons. Should they be despised as sportsmen because they did not use high velocity repeating rifles with telescopic sights as we do nowadays? With these appliances we moderns are rather shots than fighters and sportsmen.

Now let us think of the doctors of the past. The profession of medicine has arisen from the aboriginal desire of men to help their fellows, a sentiment which we notice in all animals. Exactly as some men in the Stone Age were born to be painters and sculptors, so men arose who were gifted to render assistance in case of accident and of disease. Their success and their knowledge, which was handed on from generation

to generation, gave to the doctors of the distant past the prestige which is enjoyed nowadays by the medicine man among savages. Witchcraft and medicine went hand-in-hand, and the priest was a doctor and the doctor a priest. In the modern physician there is still much of the ancient priest, of the ancient medicine man, and of the ancient sorcerer, although the modern doctor may be proud of his scientific knowledge and standing.

Let us imagine that old Hippocrates would come back to this earth. Hippocrates had no clinical thermometer, no stethoscope, no X-ray apparatus. Can we doubt that Hippocrates, deprived of these modern appliances, would still do wonderful and successful work, guided by his wise observation, experience and great intelligence? Of course he would not be able to pass even the simplest of medical examinations and if he should desire to practice, he could only do so as a quack. Nevertheless, the sick would come to him in crowds and would be cured by him, exactly as they were 2,300 years ago. After all, the success of the physician is due not to his scientific knowledge and to his ability to use mechanical tools and appliances but to his personality, to his individuality. At all times the best physician is the man in whom all the necessary qualifications are combined, namely, scientific knowledge, practical knowledge, ability to use technical appliances and the personal characteristics of the true healer of men.

Other professions also have become mechanized owing to the mechanization of the world. The theologian is not much interested in the cure of souls, the lawyer is no longer a judge, the philologist is no longer a teacher. The importance of the personality in a doctor can be illustrated by an example.

Let us look into the character and achievements of the women doctors. Women doctors are selected



from the generality of women in a way which can clearly be understood. They are women who did not expect to marry, who resolved to make themselves independent of marriage and who applied their maternal instinct to sick and suffering human beings. At the time when I was a student, women began to study medicine. Women students showed the greatest industry and conscientiousness. Like working bees they lived only for their work. They never missed a lecture. They were far more zealous than the men around them. And what has been the result? There are in Germany about 2,400 women doctors, but among that large number there are only very few of outstanding ability. Among the women doctors with whom I am personally acquainted, I always notice the same thing. They are extraordinarily painstaking, conscientious and studious, but at the moment when a grave decision has to be taken, a decision when life is at stake, they hesitate and shrink from action. Of course there are exceptions among the women doctors. I know some women of great ability in obstetrics and surgery, but the able women doctors are without exception women of masculine intelligence and masculine character, possessing often a masculine outer appearance. It is the natural calling of women to create and to develop human beings. Possibly this is the reason why their own personality is not sufficiently developed. A physician, a friend of mine, married a woman student of medicine. I had known her as a girl, and had been greatly impressed by her zeal and industry in acquiring medical knowledge. She passed her examination with the highest honours. My friend and his doctor wife established themselves in practice, and a few years afterwards I visited them. While walking with them I asked the wife how she was getting on in practising medicine. She replied: "After I had my first baby, my husband handed over

to me his panel patients. I am now expecting my second baby and am looking forward to its arrival. When it has come I shall devote myself entirely to my children, give up practising medicine and shall be delighted to do so." In this case the woman was finding her way back to her proper sphere, to child-birth, motherhood and child-rearing, and I know many women doctors who would have the greatest pleasure in acting likewise. Of course there is one branch of medicine in which we men will never be able to equal women. Men will never be able to nurse and tend the sick as unselfishly and understandingly as women, and every man who has been ill and has been nursed by a true nurse will surely agree with me.

I do not mean to insinuate that a medical man should underrate the progress of science and of medical mechanics. That would be as ridiculous as if I should try to kill game with bow and arrow, with sword and spear. Still, I know that I am not a fighter and sportsman because I have a modern rifle. Wherever we look we notice an exaggerated respect of technicalities. In surgery sharp knives and other implements are indispensable. Still, the possession of all the best surgical tools and appliances does not make a man a surgeon. In the case of the physician the ownership of appliances is still less important because the work of the physician is far more difficult than that of the surgeon.

The scientific factor may be compared to the mechanical factor in the practice of medicine. Science is merely one of the tools of the physician, but it is not the be-all and end-all. A man may be a good physician and at the same time a great scientist. On the other hand, a man may be an excellent doctor without having much scientific knowledge. It has often struck me that many of my colleagues who have had a scientific training extending over decades and



vast scientific knowledge, have been complete failures when trying to practise the art of healing. Sick men and women are guided by an unerring instinct when they seek out doctors who possess something more valuable to them than medical machinery and scientific knowledge. One often meets doctors who were compelled by poverty to start in practice immediately after having passed their examination, who did not devour libraries and who nevertheless are overwhelmed by their success and the number of their patients. Such men possess qualities which can be neither weighed nor measured, the things which Bismarck described as the *imponderabilia*. They possess medical instinct or medical genius, are true physicians.

We moderns endeavour to mechanize and organize everything in this world. We try to mechanize and organize even matters spiritual, although they cannot be comprehended and cannot be regulated. The Academy of Sciences in Berlin has organized a department of poetry. I often ask myself what would have happened if there had been a department of poetry, patronized by officialdom, in the past. Homer would have been made a member and would have been given some title, such as Privy Councillor; Horace might have been given a lesser honour and Cervantes might have been elected a corresponding member of the Academy, and possibly he might have shown his delight at the honour conferred upon him by adding another volume to his immortal *Don Quixote*.

The legislature produces almost every year new laws and regulations relating to the training of medical men. Of course statesmen and bureaucrats do not understand what qualifications are needed in members of the profession. They know only the type of medical man that is produced "according to sample" by the existing machinery. The professional organizations carefully stipulate the qualifications needed before a

man is allowed to describe himself as a surgeon, a gynecologist, oculist, etc., meticulously laying down the time of training, the character of tuition, examinations, etc. Unfortunately no one can be a surgeon unless he is born to be a surgeon, and no one can be a physician unless he is born to be a physician. The knowledge of surgery and of medicine that can be acquired by tuition is merely a trifle.

The technicalities of surgery and medicine are certainly indispensable, but they are of secondary importance. No one can attach higher value to good training in medicine and surgery than I do. Still, I have eyes to see and I know surgeons who after a hard and excellent training of ten years fail completely because they do not possess the very something which cannot be taught. On the other hand, I know surgeons, such as Dr. Charles Mayo and Dr. William Mayo, in America, who never acted as assistants and who, nevertheless, became masters of their craft and great leaders in surgery. After all, this is only natural. Can anyone imagine that an industrious young man can become a great painter by attending a school of painting, or a great poet by studying the rhyming dictionary? When I read through all the rules and regulations made for budding doctors and surgeons and when I take note of the many subjects which are made compulsory, I cannot help thinking that many of these studies have been made compulsory with a view to limiting the number of doctors and surgeons, the number of possible competitors. All these official bonds cannot hamper the natural healer. The official machinery can produce every year as many doctors, surgeons and specialists of every kind as may be desired. That can be organized quite easily. However, true physicians and surgeons will always form a very small minority.

I have been criticized for my reference to Drs.



William and Charles Mayo, but I have no reason to withdraw what I have said. The Mayo brothers owe their eminence not to their training but to their own genius and industry. They taught themselves. They have been incredibly productive, both practically and scientifically, and have acquired the most comprehensive knowledge by working in their huge clinic and by visiting the clinics of other great surgeons all over the world.

Among my acquaintances there are five physicians of advanced years who became prominent specialists and two of them have been given the title professor because of their achievements. Yet not one of these five men has worked as assistant to a specialist. Education cannot put more into a man than is in him and ability comes from within, not from without. The able man, in whatever occupation, is self-trained. The great surgeon Czerny used to say: "There are three kinds of surgeons. One man takes hold of a knife and immediately becomes a great surgeon, another man has to act as assistant to a surgeon during ten years and slowly acquires the practice of surgery, and a third man may remain assistant for twenty years to the best surgeon and yet may never in his life become a surgeon."

Dr. Kahr, who has been very eminent in developing the surgery of the gall bladder, was assistant in a rural hospital during two years. During those two years he had, as he told me, hardly ever witnessed an abdominal operation, and he never saw in that time an operation on the gall bladder. He made his first operation on the gall bladder in his own clinic—in consequence of a mistaken diagnosis. However, my critics must not jump to the conclusion that surgeons should make gall bladder operations, etc., without knowledge of the technique. Those who misunderstand me are determined to misunderstand me.

In 1912, when travelling abroad, I visited a celebrated professor of surgery, who had been assistant to a great surgeon during many years, and who had acquired considerable prestige by writing some bulky volumes, among them one on operations for gallstones. He was undoubtedly a very industrious and painstaking man who had studied much without sparing himself. I saw him operating for gallstones and was horrified. He was not a surgeon, but a clumsy carver of men, and his work filled me with fear and pity for the victim. The only criticism which I have to make regarding him is that he became a surgeon without having any natural qualifications for surgery. I never assert that medical students need not learn much and that they may become excellent physicians or surgeons without adequate training, and I must repudiate the reproach of misleading medical students and bringing science into contempt.

Only the ignorant and the evil-minded can oppose the use of science. Science has given us doctors ever-increasing possibilities for recognizing and curing diseases. Medicine and science should act hand-in-hand. Science and medicine will be in discord and will be at war if theoretical science oversteps its bounds and invades the territory of the physician. The phrase may sound obscure and therefore I must go into details. As I am best acquainted with surgery, which I practise every day, I shall look at matters from the point of view of the surgeon and I shall come to conclusions which are valid for medicine as well.

We read in the Letters of the surgeon Borchard, which were written between 1860 and 1870, of the terrible slaughter caused by blood poisoning, erysipelas, hospital fever, etc., in the hospitals of the time. Then we encounter the name of Lister and we see the dawning of a new day. Every surgeon should read the history of surgery, and he should think of the great



surgeons of the past with deep gratitude. Unfortunately young medical students are given no time to read medical history. Those who have time to spare should read the two volumes on operative surgery by Dieffenbach, published in 1845, when asepsis and narcotics were unknown. Dieffenbach tells us how the surgeons were squirted with blood during the operation. Patients shrieked and struggled while being operated upon, and if the abdomen was opened, let us say in order to deal with an ovary, the yelling patient was apt to press his bowels out of the open wound. How did Dieffenbach deal with such an emergency? He tells us that he had two assistants. Each grabbed one of the arms of the patient, the arteries on both arms were opened and blood was allowed to flow until the patient fainted from loss of blood. Then the operation proper was begun. That was eighty years ago.

Langenbeck, the greatest German surgeon of his time, knew a charming girl, the daughter of friends, whom he had seen grow up. She had become engaged. She had a fatty tumour on the scalp which annoyed her when combing her hair, a mere triviality, and she went to Langenbeck and asked him to open it up with a knife, a trivial operation. Langenbeck refused to operate, but at last gave way to her entreaties. A few days after the incision the girl died of erysipelas. It is difficult to realize the mental torments which our predecessors must have experienced when their intervention ended in sudden death. In many hospitals in which hospital fever was permanent, an operation was almost equivalent to the death warrant. I need scarcely say how things are managed nowadays in operating theatres.

Only too many modern surgeons over-estimate their ability and knowledge, not realizing that their successes are due to the great pioneers of the past. We are

mistaken in comparing our predecessors and considering them to have been pitiful incompetents because they did not possess the mechanical outfit of the present. Hippocrates had no clinical thermometer. He ascertained the temperature of his patients with his hand, and his hand probably disclosed as much to Hippocrates as the most sensitive thermometer tells the modern physician. I would remind my readers that the observation of the pulse was very highly developed in the Middle Ages. At one time medicine described about a hundred different forms of pulsation. Possibly the doctors of the past learned more from their highly developed knowledge of the pulse, a knowledge which is now forgotten, than we learn nowadays by percussion, auscultation, X-ray picture, electro-cardiogram, etc. The eyes and ears of primitive races and their sense of smell are more or less equal to our own. Yet we find that primitive men are infinitely superior to the civilized in observing game, in tracking animals and men, in finding their way in the virgin forest, etc. It cannot be doubted that doctors of the past learned about their patients as much by observation, sense of smell, use of ears, delicacy of touch and instinct as we can find out nowadays with the most sensitive and the most costly instruments. If one glances through some of the great textbooks of the past one is amazed at the diagnoses made by the ancients. For instance, they knew how to ascertain the exact position of affairs in the case of fractures of bones by primitive means based on experience. That knowledge has become a lost art because we rely nowadays entirely on the X-ray apparatus.

We are credibly told that Larrey, Napoleon's celebrated surgeon, spent only from fifteen seconds to seventeen seconds in the amputation of an arm or leg. Including preparation and bandaging, such an operation required only four minutes. It is therefore



understandable that Larrey personally performed two hundred operations at the battle of Borodino within twenty-four hours. I should like to find a living surgeon who could do as well. Technical ability of the surgeon has suffered because the modern surgeon can afford to work slowly as his patient is under an anæsthetic. Of the patients operated upon by Larrey from 70 to 80 per cent. recovered. Out of eleven men who had their arms amputated at the shoulder joint, nine recovered. At Witebsk, Larrey amputated the leg of a Russian at the joint in four minutes and the wound had healed up in twenty-five days. Compare with these successes recent practice. During the World War I treated in my field hospital 12,000 wounded. I amputated the upper leg of 70 people, and of these thirty-eight, or 54 per cent., died. Of the four people whose legs I amputated at the hip-joint none survived.

I recommend every surgeon, and particularly the men of the younger generation, to read the autobiography of that great surgeon Trendelenburg. He stated on page 118 :

“Many things done by doctors and surgeons are of very ancient origin. If we could attend at the out-patient department of the Health Temple of Asklepios we might discover with surprise that things were managed by the Greeks more than 2,000 years ago more or less as they are done nowadays. You might see coming from the Temple a woman carrying a crying baby whose club foot had been bent to normality by the specialist and fixed in the correct position with sticking plaster, and if we looked carefully at the bandaging we might not be able to decide whether it had been done by an ancient Greek or by a living specialist who possibly might imagine that he had invented that particular form of bandage. And if we entered the clinic of the Roman Celsus we might find one of his pupils operating upon a patient for fatty tumour acting exactly in the same way as we have been taught to do.”

I mention all these things not in order to praise the

past and to depreciate the present but because I would like to show that the arts of diagnosis and of surgery are not entirely new and that these arts are not dependent upon recent advances in medicine and surgery and the advent of recent methods and appliances. I neither regret the advent of these methods and appliances, nor would I return to the methods of the past. If I did so, I should act in the same way as if I should express the wish to have our railways replaced by horse-drawn stage-coaches.

It does not matter very much if those who know little of the past exaggerate the achievements of recent times in surgery. A far greater danger lies in the fact that, compared with former times, surgical intervention is almost devoid of danger and that the absence of risk frequently leads to surgical operations without adequate indication and justification. At the same time it should be pointed out that the exploratory opening of the abdomen, which was a favourite operation for some considerable time, caused a mortality of 10 per cent. among the operated. We are no longer as ready as we were to make exploratory abdominal operations. Such operations have been made unnecessary in most cases because we can obtain all the information we require by means of the X-ray apparatus.

Furthermore, it cannot be denied that here and there operations are made not for the good of the patient but for the good of the surgeon desirous of fees. We doctors act honestly and wisely in admitting this fact, for we cannot deny the humiliating truth. No one in his senses will condemn the profession of the law because now and then a solicitor steals the money belonging to his clients, nor do we condemn the teaching profession as a whole because occasionally a teacher violates a girl pupil. One might perhaps say that



equalizing justice threatens the wealthy with unnecessary operations which will not be made on the poor.

Of course I do not approve of such things. A medical man acts unworthily if his action is determined not by considerations relating to the advantage of the patient, but by selfish financial considerations. The desire of gain has done much damage to the medical profession. Some time ago I saw an English comedy entitled: "Miss Cheney's End." In that play a swindler defended his principle to "expropriate" the propertied, giving the following example: "A medical man who knows that one of his patients has £200 to spare would be an idiot if he did not cut out his appendix." The audience roared with laughter. I do not want to make too much of such scenes. At the same time I remember that similar jokes relating to medical men were made not without cause in ancient Greece and in ancient Rome. Still, in listening to such jests I notice with sorrow their justification and the fact that the condition of affairs disclosed by them leads to a further diminution in the dignity and prestige of my profession. We medical men are not without guilt.

Similar things happen all over the world. In the *Deutsche Medizinische Wochenschrift* of 1927, Zum Busch reported that well-known American surgeons are protesting against the large number of unnecessary surgical operations which are performed by insufficiently qualified surgeons on the basis that the proceeds of the operation are shared between the surgeon making it and the physician who advises it, and that the great increase of such operations had become a public scandal. The Frenchman Duplay, who is the son of a doctor, condemned the industrialization of medicine, and particularly of surgery, in his widely read novel *Nos Médecins*.

If we leave out of consideration operations made for

fees alone, assuming that they are only a small percentage which may be overlooked, the fact remains that a large number of operations are superfluous. It is difficult to estimate the percentage of unnecessary operations, but I think I am safe in stating that they form more than half of the total. I do not wish to be misunderstood. I assume that the surgeon acts in accordance with the best of his knowledge and in accordance with his conscience. However, he may act on mistaken assumptions. I have to make the gravest reproach which I have to make to modern surgery and to leading surgeons of the present. Unnecessary operations are caused by modern superficiality in medical circles, by the fact that the processes of life in the healthy and in the diseased are looked upon from a coarse and purely technical and materialistic point of view with complete disregard of the organic and spiritual factors. The contempt for these factors is in my opinion a sinful disregard of the very spirit of the art of healing. The cause of this is obvious to everyone who has given a little thought to these matters.

The discovery of anæsthetics and antiseptics, the elimination of pain and risk in operations has opened the road to surgery and has enabled surgery to give ready help wherever mechanical intervention can help. We can nowadays easily straighten out bent bones, adjust luxations, replace muscles, correct faults of formation along the alimentary tract and excise gravely diseased and dispensable organs. We can, for instance, take out a tuberculous kidney, a gall bladder filled with stones or with pus, a cancerous larynx, take out part of the thyroid gland degenerated through disease, etc. So far so good. Unfortunately surgery went too far and invaded territory which should not be subjected to the surgeon's knife. When the heroic age of surgery was drawing to an end, the



surgical giants were succeeded by men who presumed to give a mechanical explanation for all abnormalities of the human body and they were ready to correct these abnormalities by surgical violence. If the kidney is more easily movable than is normal, it is called a floating kidney, and it is stitched up to what is presumed to be the normal position. If the stomach hangs down below the navel it is likewise stitched up. If the cæcum is too easily movable or if the uterus is not in a position of absolute normality, the knife is immediately at hand to correct the fault, or the anomaly. Every reader can add to the list of unnecessary operations *ad libitum*.

If the surgeon discovers a slight abnormality of no importance whatever which is to be found in thousands without causing any disadvantage, he "corrects" that abnormality in accordance with his own ideas or in accordance with the so-called "normal position" as described in some anatomical textbook. A few years ago a great surgeon wrote with pride: "Nowadays we are able to give the normal position to every organ in the human body." These words proclaim incredible conceit. With regard to every organ it must be observed that its functioning is the only thing important. In comparison with function, size and position count for nothing. A stomach and a kidney may have sunk low down in the pelvis and may nevertheless function faultlessly. On the other hand, the stomach may be absolutely normal as regards size and position and may not function at all, as in the case of *tabes dorsalis*.

Another surgeon actually wrote: "Nature has not achieved a masterpiece in creating the complicated system of the gall bladder with its tubular appendages." Of course, compared with the surgeon, whose ideal is absolute normality and exactitude, the Creator is only an incompetent bungler.

I take the opposite view. The more deeply I study any part of biology, the greater is my admiration and my awe in considering the miraculous working of the living organism. What wonderful artistry has been spent, for instance, in the drainage of the gall bladder, and what wonderful care has been taken to ensure the working of the whole apparatus. It has been trebly secured and the various factors concerned co-operate and help one another and thus the most perfect arrangement imaginable has been created. If this miraculous organization breaks down, we should not reproach the Creator but ourselves, and remember how wickedly civilized men abuse their organs. Compared with the marvellous and efficient co-operation of our organs and functions, the most perfect surgical operations and arrangements are coarse and clumsy. I bow before our surgical demi-gods. Still, if there is such a thing as transmigration and if I should be allowed to return to this earth, I should very much prefer to return in the shape which Providence gave me, however anomalous, notwithstanding the theoretical perfection and normality which might be given to me by a great surgeon.

If I read words of conceit uttered by surgeons, such as those quoted, and they can frequently be found in medical literature, I always remember the words of R. H. Bartsch: "Between medical men and the secrets of Nature there has been erected a big wall on which are written the words: 'Vanity and Fees.'" Heraklitos wrote: "It is more important to throw buckets of water on the conceit of men of little knowledge than on a raging fire."

Professor Bier said: "Facility and frequency of operations are making medical men stupid and incompetent." That view is more or less identical with the view which I have expressed for many years. For a long time I have combated what I call 'the



surgical frame of mind.' Those who wish for further details should read my other writings. Not a few surgeons have lost the capacity of medical thought or have allowed that capacity to decline. Surgeons no longer ask themselves: "How can the patient be cured?" They ask themselves: "How can I cure by operating on the patient?" If the patient has already been operated upon they inquire: "What further surgical intervention can I now recommend?"

George Bernard Shaw has introduced his play, "The Doctor's Dilemma," with a preface extending to more than 100 pages, in which he discusses the position of medical men. His preface is full of unjustified and unfair attacks upon the medical profession. Still there are things which Shaw has correctly observed. He introduces in the play the surgeon Walpole who diagnoses in 95 per cent. of all men chronic auto-intoxication, emanating from the appendix, and the consequence is that in practically all cases which are brought to him, whatever the disease may be, he proposes immediately the excision of the appendix. I think every doctor knows such Walpoles who exist in real life in our profession.

In Dr. Birk's book, *Ray Treatment in Children's Diseases*, we read: "Those doctors who possess an X-ray apparatus are under the obligation to treat every conceivable children's disease with X-rays." The same principle may be applied to those who possess the cutting implements of surgery. Those doctors who believe that I exaggerate should study carefully one or the other specialty of operative surgery, let us say the operative treatment of constipation. Those who make this study will find that the foremost surgeons recommend surgical treatment of this complaint and they will be horrified at this discovery.

In the world of surgery we find again and again an incredible shallowness of thought which I would

like to illustrate by a practical example. A young girl known to me complained about some vague stomach troubles which did not improve under medical treatment. She was sent to a surgeon and the surgeon excised an appendix which was a little too long and filled with excrement. The gastric trouble of the patient came to an end and the surgeon formulated the conclusions that the trouble had been due to chronic appendicitis and that the girl had been cured by the excision of the appendix. Of course, every experienced doctor is aware that both conclusions must be challenged. In the first place, there is no normality of length of the appendix. The size of the appendix, as that of every organ, is different in different people and X-ray study of the healthy has proved that the appendix is usually filled with excrement. In the second place, the girl was probably cured of her stomach trouble, not because a perfectly healthy appendix was cut out, but owing to the powerful suggestion effected by the operation performed. In other words, the surgeon did not act as a surgeon, but as a magician, as a psychologist. Other surgeons, among them Dr. Kuttner, have "cured" similar cases by opening the abdomen and closing it again without touching the healthy appendix and the cure has been permanent.

Occasionally the mania to give a purely mechanical explanation for all bodily processes goes beyond all bounds. The surgeon of a children's hospital, for instance, discovered that sick children often recover after the excision of a perfectly healthy appendix, an appendix in which not the smallest morbid degeneration can be found with the microscope. Such recoveries are, of course, an every-day event to the experienced physician. The anæsthetic, the operation, the pain caused by the wound, and the fast following the operation act suggestively upon the patient. Such



considerations do not appeal to the surgeon. Having studied the theoretical formation and functioning of the bowel in children, grown-up human beings, monkeys, etc., he comes to the conclusion that the functioning of the human bowel can be improved by taking away the appendix. Scientific essays are written upon the subject and the thing is proved. A few days ago I had to operate on two women. Both had undergone previous abdominal operations, and in both cases innumerable adhesions following upon these operations had tied up the whole of the bowels into an inextricable mass. It is high time that the surgeons should acquire the knowledge of the physician.

It is a mistake to believe that medical witchcraft is potent only in functional, but not in organic, diseases. A surgeon of Lodz told me the following story : A clergyman known to him suffered from cancer of the stomach. The growth was large-sized and in his opinion inoperable. Not satisfied, the patient left Poland for Germany, saw a leading surgeon, who made an exploratory operation which confirmed the diagnosis of the Lodz surgeon. Finding a large inoperable cancer of the stomach, he replaced the stomach and closed the abdomen without operating. And what was the consequence ? The patient who had broken down in body and mind was given a new lease of life. He began to look healthy, got new strength and during many months he was able to follow his profession. In view of his progress his doctors at Lodz doubted whether their own diagnosis and the diagnosis of the German surgeon had been correct and made inquiries. Only a fortnight before his death the patient collapsed and became incapable to continue working.

I frequently observe similar occurrences among my own patients, but I have quoted only somebody else's

case because otherwise it might be thought that I wished to exalt myself.

At the moment a discussion is raging regarding homœopathy. If all doctors, with the exception of a few, would become homœopaths the result would be that the few remaining allopaths would have their waiting-rooms crowded with patients and these few allopaths would perform many of the miracle cures which are now claimed by the homœopaths for their method of healing. I have the greatest veneration for Professor August Bier, whom I have known since my student days, and who has taken a lively interest in homœopathy, experimenting with iodate of sulphur in high potencies with great success. Of course it makes a vast difference whether iodate of sulphur in high potencies is prescribed by a physician of world-wide renown, such as Professor Bier, or by an ordinary practitioner. I agree with Dr. Wapler that the efficacy of high potencies depends on the personality of the prescriber. I have tried iodate of sulphur in high potencies in about 100 cases of furunculosis, but I have not been favoured by fortune in the same way as Bier when using this drug on those suffering from the identical trouble. I have no time to discuss in this book the numerous extraordinary influences which may affect furunculosis, such as surroundings, food, sex factors, etc.

Many homœopaths, having read these lines, are under the impression that I deny the usefulness of homœopathy. That is not the case. In consequence of the publications of Professor Bier, I have taken a lively interest in homœopathy, and I feel bound to say that orthodox medicine has made a mistake in condemning homœopathy. For decades the doctors were forbidden to co-operate with homœopathic physicians at the sick bed and we were instructed to treat homœopathic doctors like ordinary quacks. We know nowadays



that that attitude was mistaken and in many cases orthodox doctors were thus prevented from helping the sick whom they might have helped. In homœopathy there is something akin to sorcery and witchcraft, but sorcery and witchcraft are practised more or less by ordinary doctors as well. On the other hand, it is evident that certain diseases can be treated and cured by homœopathic methods.

I feel doubtful whether orthodox medicine or homœopathy is the greater art. It is much easier to treat a patient allopathically with the help of one of the small textbooks, such as Rabow's, than carefully to select the most appropriate homœopathic remedy in accordance with the totality of the symptoms. I think it quite possible that my failures in treating furunculosis homœopathically were due to insufficient knowledge on my part. I gladly adopt the advice given to me by my homœopathic colleagues and shall not fail to report the successes which may follow. Of course, homœopathy is not an infallible method of healing. No one expects this and we doctors ought to be glad that homœopathy supplies us with valuable remedies with which we can gently cure certain illnesses. Recently I found in the excellent book of Dr. Heisler, *Dennoch Landarzt*, the description of a number of cures, which must give much food for thought to us orthodox practitioners. Further, I would advise my readers to study the writings of Hugo Schulz and the last work of Hans Much on homœopathy.

But let us return to surgery. Many surgeons act quite uncritically, as has previously been pointed out. I would remind readers of operation on the sympathetic nerve in case of bronchial asthma. The arguments in favour of that operation by those who advocate it are quite meaningless to the thinking physician.

Things have come to this pass that nowadays there are two forms of surgery, namely, surgical surgery and medicinal surgery. Surgical surgery is practised at many university clinics and large hospitals and its results may be found in innumerable papers and books reporting larger numbers of operations. Medicinal surgery, on the other hand, is practised in accordance with the medical principles according to which we desire our patients to be treated.

A truly great man is ready to admit frankly that he has made a mistake. If we measure the greatness of our leading surgeons by their readiness to admit that they have made mistakes, it will be found that only a few have been candid enough to confess their short-comings. At any rate it is clear to me that surgery can preserve its prestige only when sufficient changes are made in two directions.

In the first place, surgery must become more medicinal. Surgeons have given a back seat to the physician and have exalted scientific theory and mere surgical mechanics. I do not wish to be misunderstood. I have the highest respect for a surgeon who is a good mechanic. I have known surgeons who have written ponderous volumes and who were bunglers at the operating table. That is a state of affairs which I could never understand. If we look at the history of medicine we shall find that the great pioneers were the men who were great physicians and true physicians. They were men who took broad views. I reproach the leading surgeons of the day for their narrowness of vision, which is limited by the knife and various other instruments, and I reproach them for despising, or at least disregarding, all the immaterial factors, such as the moral factor. Further, I reproach them for exalting so-called exact science and despising all those who do not see in the human body a mechanism which can be treated mechanically



like any piece of furniture or of machinery. If our surgeons practised to some extent philosophic thought, as demanded by Hippocrates, they would be more modest and less intolerant.

In the second place, surgeons ought to be aware that their activities are only of limited utility, that frequently a surgeon is called because of a momentary emergency and that he cannot bring about an ideal cure. I would like to explain my meaning. It is the object of the physician to treat a diseased body or organ so as to cause it to function normally. He tries to replace disharmony by harmony. A surgeon frequently acts in the same way by dealing with a sprained joint, by closing a wound, by correcting a hare-lip, or a cleft palate, etc. Art is often more efficient than Nature in closing a wound. However, in many cases the work done by the surgeon leads to loss and crippledom. He cuts off limbs and goitres, cuts out gastric ulcers, cancerous organs, etc. All these operations are useful and necessary, but they are only emergency operations. Every true physician is convinced that a man who is able to cause a goitre to disappear without operation, who causes a diseased and enlarged thyroid gland to become normal sized and to function normally without operation acts more wisely and more efficiently than the ablest surgeon. A surgical operation is only too often a coarse and brutal attempt at eliminating the evidence of disease. This argument is still more applicable to such troubles as gallstones, gastric ulcers, duodenal ulcers, etc. It is a greater achievement to normalize the functioning of the gall bladder or to eliminate gastric ulcers by medicinal means before serious mischief has been done than to deal with these troubles by surgery. Every day we see the pitiful results of surgical intervention in the case of cancer.

It is obvious that a great change is taking place in

surgery. The knife is no longer the be-all and end-all. That may be seen by the X-ray treatment of tuberculous glands and of myomata tumours, by the sunlight treatment and open-air treatment of tuberculosis of bones and joints and so forth. The treatment of gastric ulcers without operation has been effected with gratifying success by Professor August Bier and his disciples.

A few years ago one of the best surgeons of the old school said to me : "He who reduces or diminishes the scope of surgery in any way is no true surgeon." Of late very different views are being expressed in the medical profession. If the principle mentioned was still upheld by the surgeons, Professor August Bier ought to be expelled or boycotted by his colleagues because we owe to him the introduction of the bloodless treatment of surgical tuberculosis.

If surgery wishes to preserve its prestige it will have to evacuate territories which it has invaded without adequate justification. I am thinking particularly of the treatment of the vast number of neuroses. The time is past when medical men were simple-minded enough to look on and approve when the surgeon was recklessly cutting up human bodies according to his fancy, separating one organ from its natural support, giving another organ artificial support by stitching it up, and cutting out a third. Thousands of beds at hospitals would become free for the sick and half the scientific papers and articles would remain unwritten if the leading surgeons would make up their mind to look upon disease not from the point of view of the mechanic, but from that of the physician and if they would refuse to treat neuroses with the knife.

We medical men are no longer over-awed by the heavy artillery of science. We are not over-awed by theories regarding biological development, by anatomical illustrations, by experiments made on



animals by thousands, of "cases" illustrating and "proving" certain theories and procedures. No one has condemned as energetically the treatment of asthma by operating on the sympathetic nerve as some leading surgeons. We cannot deny the existence of the soul although we may not see it with the microscope, nor can we solve the mystery of disease by the specimens submitted to us by the pathologist. It is a blessing that this is the case. When the medical practitioner has come to the end of his resources, the true physician comes into his own. Every true surgeon ought to be aware that he ought to be in the first place a physician and that he ought to be a surgeon only in the second place. It will be of great advantage to the sick if surgeons cultivate that point of view. Every physician who is interested in this question should read the excellent pamphlet of the well-known Russian surgeon Fedorow, *Surgery at the Parting of the Ways*, published in 1929.

The criticism which I have applied to surgery may usefully be applied to many other branches of the art of healing as well. We have to examine ourselves and consider what we are doing. Healthy self-criticism will lead to this, that physicians and surgeons will once more recognize their true mission without losing all those conquests made by the sciences which are helpful to the medical man.

Nowadays we recognize the short-sightedness of medical men who expounded bacteriology in the past. Formerly the conception was that the germs of disease enter the human body and cause disease, and that the doctor destroys the disease germs and re-establishes bodily health. That conception was as foolish as the conception held by savages that disease is caused by the body being invaded by demons which have to be exorcised and expelled. Those physicians who are too easily over-awed by the pronouncements of

scientists should study the science of immunity. They will be amazed to find that, although entire libraries have been written on the subject, we know hardly anything about it. Our scientists are able to describe certain events which take place in the living body. They can describe to us that the body defends itself against the micro-organisms of disease. However, we have no clear idea how the body does it. We have a vague notion that important events take place in the struggle between the invading forces and the body. How and why the struggle takes place is an enigma and will always remain an enigma. Meanwhile, science has obscured the facts by inventing a new language for describing these processes and events.

I am a surgeon by profession and I notice with regret that intellectually the physicians are advancing far more rapidly than the surgeons. For decades the profession of medicine was looked down upon by the surgeons who tyrannized over the physicians. The physicians considered themselves really inferior to the surgeons. They had been over-awed by the great successes of surgery. Now a great change is taking place. Surgery is becoming a soulless, unintelligent handicraft and the art of healing, as practised by physicians, is coming once more to the fore and is reasserting its intellectual leadership. That may be seen by glancing through the medical journals.



## CHAPTER IX

### THE MODERN PURSUIT OF SCIENCE

**A**T no time in the world's history have there been greater opportunities for doctors to widen their knowledge. Our desks are becoming covered with veritable mountains of medical weeklies, monthlies, quarterlies, proceedings of learned societies, etc. In addition there are courses of lectures, demonstrations, discussions, meetings, congresses innumerable, and the foremost scientists are willing to instruct us with the assistance of the cinematograph and of wireless. In the course of a week I receive a number of weeklies, some of which are very bulky, from ten to twenty pamphlets written by colleagues of mine and presented to me, and monthly and quarterly publications, some of which form stout volumes, relating to every department of the medical art and science, which arrive according to their date of publication. Of course one cannot read more than a fraction of this vast material. There are two ways of treating the mountains of printed matter which accumulate on one's desk. One must either read it all or read next to nothing. Some eminent colleagues of mine adopt the latter course. Occasionally they glance at one of the journals, but practically everything else goes into the waste-paper basket. Nevertheless, some of these men do excellent work as physicians and surgeons. Those medical men who write themselves either regularly or occasionally have periods of great industry devoted to literature which alternate with periods of relative inertia.

One might believe that the gigantic production of scientific literature is an excellent sign, that it proclaims the fact that civilization has greatly progressed. Occasionally we read pronouncements in which the wonderful advancement of modern science is pointed out and is illustrated by the gigantic output of scientific publications. In reality things are very different. The vast majority of the scientific books, pamphlets, lectures, articles, etc., published is superfluous and only too large a proportion is absolutely worthless.

In other branches of natural science we hear similar complaints. The other day a professor of physics and a distinguished chemist discussed the question how many pages of literature they ought to read in order to keep up to date and they agreed that they ought to read about 100,000 pages per year. Then the question arose : "How many of these 100,000 pages published are worth reading ?" They agreed that at best 5,000 pages were of value. In consequence of this conversation I sat down and calculated how much medical literature I ought to have read during the year 1927. I found that the professional literature of the year would come to from 80,000 pages to 85,000 pages, but I doubt that 4,000 pages would have been worth reading.

I realize of course that all our knowledge is subdivided into countless special branches. We have every reason to admire an architect who erects a great edifice using thousands of stones. We esteem him much more highly than the humble bricklayer or stonemason. Great architects are few and we require not only a few great architects, but thousands of humble workers who patiently collect the building materials. The comparison of the scientist and of the architect is not entirely correct. The architect is supported or aided by men who do useful work, adding stone by stone to the edifice. It is a very different matter



if the builders hand to the architect worthless building materials which, if embodied in the edifice, would cause it to collapse. The great majority of the innumerable scientific specialists who work on some small specialty do not provide sound building materials for the master builder. They merely accumulate gigantic rubbish heaps. They work with the industry of ants or bees, but their labours are utterly wasted. In a scientific report summarizing the position of German science, we read : " The importation of foreign scientific literature in 1925 amounted to 74,850 kilograms." One feels inclined to inquire : " How many thousand kilograms of printed paper are required to provide us with a single valuable idea ? "

If every bound volume of our medical journals and proceedings contains a single valuable article or paper, one has every reason to be satisfied. Every editor is acquainted with this fact. Very frequently editors send letters to their contributors requesting them to be brief and not to cover endless pages with unnecessary verbiage and the detailed description of countless cases. The struggle for bread compels many doctors to write for publication. Medical writings owe their inception not to the compelling necessity felt by individuals to acquaint the world with their discoveries. That is exceptional. Articles and books are written in the hope of profit. Let us glance back towards the time when the physician who cured was more highly esteemed than the physician who wrote articles and books.

About 100 years ago there was in my town of Danzig at the hospital, an excellent doctor, W. Baum, who was given a professorship first in Greifswald and then in Göttingen. From his contemporaries we know that Baum was not only one of the most eminent physicians and teachers of his time, but that he was extraordinarily widely read. He was acquainted with the entire foreign

medical literature. And how many books and pamphlets did this truly eminent physician, professor and teacher, publish ? Apart from his doctor's dissertation he published nothing except a short article on the Itch. Another leading physician of the last century, Schönlein, a great celebrity as a teacher, published only a few short papers, one of which, it is true, described the parasite responsible for the Favus skin disease.

Of course Baum and Schönlein could easily have published large volumes and scores of papers in accordance with modern methods. Both knew how to write. They did not do so, probably because scientific mass production on the part of the learned had not yet become a fashion or a craze. Nowadays men have to advertise themselves by scientific publications in order to obtain a salaried post, or a professorship. If Baum and Schönlein should be alive nowadays, they would probably not be given employment at any hospital, not even the smallest, and they would certainly never be offered a professorship because of the meagreness of their literary production.

It may be that this terrible over-production is due to over-population. However, I doubt whether this is the real reason. Unfortunately the value of so-called scientific publications is greatly over-estimated. Literary production is more highly esteemed than ability in the art of healing. The physician has been elbowed out of the way by the medical practitioner and the surgical mechanic. If we glance at the great centres of scientific activity, at the university clinics, we find that a young doctor or surgeon, if he wishes to get on in the world, must write and publish unceasingly, writings of his own or articles and papers which are written by others on his behalf. Every medical man is acquainted with clinics which seem to be principally factories devoted to the turning out of medical literature. These clinics fling at our heads bulky



volumes of scientific papers in rapid succession. Of course it might be objected that the great painters of the past, such as Rubens, surrounded themselves with an army of disciples who collaborated with them, thus enabling them to turn out pictures by the hundred or by the thousand. Acting in the same way, a great physician or surgeon might conceivably organize numerous publications by communicating his wonderful ideas to his assistants. Those who wish to test the validity of such arguments should carefully read through some of the volumes published every year. They will find that these scientific publications owe their origin not to the fertility of the brain of their writers and inspirers but to the patient and continued use of the muscles of the buttock.

A few days ago I came across a new book by Professor Hans Much, *Hippocrates the Great*. Much, who himself is a very eminent scientist, wrote on page 12 :

“That which is nowadays called science is as a rule nothing but a worthless waste of time, the collection of facts without importance, to which is given a scientific label misleading the uninitiated. I, myself, have produced scientific writings of this kind, and I have been cured of the disease by taking note of the worthlessness of scientific writings produced by others. I have become a sceptic and a critic of other people’s activities. It may be that medicine will become a science in course of time, but up to this day there has been no science in medicine.”

The mechanical output of masses of valueless literature, labelled scientific, is not limited to the universities. I know a number of leading physicians at hospitals who on principle engage assistants only if they are willing and able to write scientific papers. The result of this literary-scientific mass production may be seen by a glance at the professional journals. We should act more wisely in leaving scientific writing

exclusively to those who desire to undertake it and concentrate our energy upon the production of medical men who know how to cure.

Of course it occasionally happens that true physicians are carried away by the powerful current of literature. If a young man, a born physician, a perfect mechanic, and an indefatigable worker, desires to make the best use of his abilities at a hospital, it is useless for him to concentrate upon the art of healing. He will never get an important hospital appointment unless he scribbles, scribbles, scribbles unceasingly. Such a man will issue in rapid succession a large number of scientific articles, pamphlets and books which show at a glance that they were produced in order to get an appointment. When he has obtained the appointment desired, he may suddenly stop writing and he will put down his pen with a sigh of relief.

If one glances through the so-called scientific articles, papers and books published at present, one is absolutely horrified by their inadequacy and by their absence of thought and ideas. We are told over and over again the same story. The cud of orthodoxy is chewed and re-chewed innumerable times. Every writer strives to produce much and to produce quickly. Hence there is no time for thorough study. Many clinics believe it desirable to publish all cases handled by them, even those of the slightest importance under well-known headings, such as : " Our Experiences in a Hundred Cases of Such-and-such a Disease," and we are tediously informed of the age, sex, mortality of the patients, the successes and failures of the various treatments, etc.

I need not mention that no doctor writes scientific papers in order to make money. Medical writings rarely bring in enough to repay expenses, especially as our tools, scientific books, are extremely dear. Besides, the monopoly occupied by our medical pub-



lishers is exploited to the disadvantage of medical writers, a fact which is well known to all.

The waste of paper and ink involved in medical publicity is perhaps a minor matter. Nowadays animal experiments have become the rage, and a medical man can acquire a high reputation as a scientist only by making animal experiments. I agree that experiments made on animals are quite indispensable. Still, one must demand that animal experiments should be made for a clear and obvious practical purpose, should be easily controllable by others and should be simple. If one reads the publications of the great pioneers in experimentation on animals, one is amazed at the simplicity of the most important and most fruitful experiments. These men worked with little money, few animals, and had laboratories scarcely worthy of the name, but they were men of originality and of vision. The men of the present have at their disposal an abundance of funds, experimental animals, of mechanical apparatus and magnificent research institutions, but they lack originality of mind and thought. The living organism with all its manifestations remains a great, insoluble enigma. Occasionally we are allowed to lift a corner of the curtain which hides the facts of Nature. The medical scribblers engaged in mass production do not realize that there are great problems to be solved. They are too wise to undertake their solution or are too conceited, staggering under the weight of worthless ballast which they believe to be knowledge.

Some time ago I saw in a German comic journal an amusing picture. A chemist wishes to make an invention. Around his chair in the laboratory he accumulates mountains of bottles, retorts, test tubes, scales, chemicals, etc., sits down in front of the heaps created, scratches his head and asks himself: "What shall I do to invent something of value?" The science of

experimental medicine acts similarly. Most of the experiments made are superfluous and most of the conclusions drawn from these experiments are mistaken. Those engaged in experimental medicine are not very strong on self-criticism, and they are not criticized by others, for intelligent men have no time to criticize the experimental futilities of their colleagues.

Before the War a young scientist published a monograph on the collateral circulation of the kidneys. He asserted and tried to prove that he had succeeded in replacing the natural circulation of the blood of the kidney by an artificial collateral circulation. His discovery would have been of value because it would have enabled us to operate on the kidney while tying up the artery, and thus providing the kidney with blood without endangering the life of the patient. I was greatly interested in this subject and wished to test the experiments made and described. I found that the man had completely misled me. There was not a word of truth in his statements. His experiments had been inadequate and he had drawn from these inadequate experiments illogical, impossible and absurd conclusions. Yet this useless and worthless publication secured to the writer official recognition and an appointment at the Berlin University and soon after he published something else on experiments made with respect to the metabolism of operated dogs, etc.

Some of my readers will smile and wonder why I draw attention to these obvious facts. They may think it unnecessary for me to dwell on these matters, because no one among the initiated takes seriously experiments made nowadays and modern scientific publicity. That may be. However, I write not as a scientist but as a physician. The so-called scientist, practising experimental medicine, had arrived at certain conclusions for treating inflammation of the human kidney. It would be wrong for me to keep



silent. Those who manage scientific institutions should see to it that useless, senseless and worthless experiments on animals should not be made and that practising physicians and surgeons should not be misled by these so-called scientists. We must protest against such experiments and their exploitation in the interests of our patients and of suffering humanity.

The haste with which scientific writings are produced is characteristic of the time we live in. We try to replace the poverty of our ideas by size and rapidity of production. As soon as a trifling operation of a certain kind has been tried, it is "provisionally" communicated to the press before the wound is closed. Of course haste of production in literary matters is as old as the hills. Horace advised writers to leave their manuscripts in the desk for nine years. Juvenal satirized the scribbling mania and the waste of paper and ink. Paracelsus wrote that books should be published only by those who feel the strongest urge.

My criticism of hasty publications affecting the domain of surgery is, of course, equally applicable to medical publicity. Professor Nissle wrote :

"Medicine is a purely practical science occupied with the restoration of health. However, notwithstanding the fact that paper is very expensive, printers' wages high, and the nation impoverished, we find that entire volumes of journals nominally dedicated to some branch of practical medicine are filled with nothing but abstract experiments without any practical value to support some short-lived theory, while nothing is done by the same journals to recognize, prevent or cure disease. In view of these facts one must condemn the biological science of the present which wastes intelligence, labour and materials in toying with mere futilities."

Scientists desirous of publicity have other means to communicate their ideas apart from professional journals. They can write books. We have become accustomed to the fact that every surgeon wishes to write a textbook of his own on surgery. It is very

unpleasant to notice that as soon as some absolutely faulty idea or proposal is put forward the matter is immediately exploited in a ponderous volume impressing the reading public. Yet a few months after we learn only too often that the big scientific volume is absolutely worthless.

Formerly professional congresses met once a year. A veritable congress mania has arisen. There are local meetings, provincial meetings, national meetings, international meetings and congresses, and if one travels from one congress or meeting to the other, one can hear the same scientist deliver the identical lecture time after time. Those who have a liking for attending professional meetings can do so practically every day all the year round.

A satirist has told us : "Congresses and meetings of scientists are attended only by young schemers and old fools." It is quite true that we find both classes of men in large numbers at these occasions. However, one must not condemn professional meetings. One meets men of experience in one's specialty, and often brings away valuable ideas. At any rate I personally have benefited because the success of the successful whom I have met at such occasions has spurred me on.

It would be worth while if some great psychologist would study what might be called the congress and meeting mania and give us his conclusions. I, myself, cannot diagnose the disease. At any rate I notice that all callings have been attacked by it. Even chimney sweeps have organized themselves and are holding provincial, national and international meetings. A little while ago an eminent German professor of medicine was asked whether he would attend the next medical congress, and he replied : "We should not attend medical congresses, but should attend to our own business and to our patients."



The output of lectures and addresses is overwhelming by reason of numbers, not on account of quality, and the loudest and the most prolific lecturers are those who are least worth listening to. Innumerable lectures are purely theoretical and practically worthless. At a surgical congress a lecture was given describing an entirely new way of making a certain operation. Afterwards a few of the audience discussed the operation among themselves and one of the most eminent physicians and scientists living made the cutting remark that the operation was extremely interesting, provided the occasion ever arose calling for that operation. When I hear of new and "most original" operations I often wonder whether the inventive geniuses who have devised them would allow any surgeon to perform the operation recommended on themselves. In most cases one can be quite certain that the reply would be in the negative. Obviously such operation can be recommended only by soulless medical and surgical practitioners, not by physicians in the true sense of the word. If new measures were tested by the question whether those proposing them would be willing to submit themselves to the treatment or operation proposed, we should be saved from the flood of worthless scientific articles, pamphlets, lectures, etc.

Some very able colleagues often complain to me that conscientious attendance at congresses, etc., is a tremendous exertion to them and that the intellectual labour and strain involved are out of proportion to the intellectual benefit received. Formerly I returned from such meetings with similar thoughts. I was exhausted and my brain felt as if it had been passed through a tightly set wringing machine. Things have changed since the time when I looked at surgical matters from the purely mechanical point of view. Nowadays I listen to surgical lectures not from the point of view of the surgical practitioner interested in all the technical

details, but from the point of view of the physician who tests critically the measures proposed from the point of view of utility to the patient. I am no longer overwhelmed by the impressive self-importance with which lecturers proclaim their platitudes, and I do not bow in mute admiration to those who are proclaimed princes of science. One must not take things too seriously and discriminate between refined gold and cheap but deceptive alloy.

Those who attend scientific congresses should refresh themselves by a return to Nature, perhaps by a walking tour of several days. My lonely tramps, undertaken regularly in spring and autumn, have always been for me a source of physical and intellectual health.

The facts which we can learn from trees and flowers, earth and rocks, sun and stars, forest and heath, animals and plants, wind and waves, are a thousand times better than the facts which have streamed from the mouth of the most learned of professors. Thus we return home refreshed, and if we spend some of our evenings with our true friends, such as Goethe, Dickens, Cervantes, one can again face the daily life of the professional man with a smile.

Scientific mass production inevitably leads to general intellectual degradation. One of the most eminent teachers of surgery once told me at table : " If a surgeon of wide experience, intelligence, intuition and grasp produces a single good idea per year, his intellectual output is above the average." I fully agree with his sentiments. Now let us look at the things which happen in real life. Two years ago one of the most widely read medical weeklies published an article in honour of the fiftieth birthday of a German surgeon. Nowadays men become medical and surgical celebrities at a relatively early age. The article in which the life of the surgeon was described pointed out that the surgeon in question had published no fewer than 200



scientific papers. The vastness of his literary output was considered particularly meritorious, as if numbers were all-important. I think I have read all his 200 papers, but I am afraid I have not found in them a single great, or a merely useful, idea. Possibly other medical men have been more fortunate than I.

The most serious reproach which must be levelled at the scientific literary output is not the reproach of haste and superficiality. The most serious reproach is that one finds only too often flagrant dishonesty. I would repeat the words which I wrote eighteen months ago in volume 137 of the *Archiv Für Klinische Chirurgie*.

“Many surgical statistics are published nowadays, but these statistics are viewed with great distrust by numerous physicians and by not a few surgeons. I was fortunate enough to be taught surgery by a man who was a disciple of Billroth, who was not only a very eminent surgeon but who, like all great surgeons, was at the same time an excellent physician, a man full of kindness and love of his neighbours, who was the soul of honour and who criticized himself and his actions with the greatest severity. Unfortunately these qualities are not always met with. For instance, Brüning discusses in his book *The Surgery of the Nervous System* two publications of Jonnescu on the surgical treatment of epilepsy. In his first publication Jonnescu described six deaths, four of which occurred during an epileptic attack. Two took place on the day of operation, one two weeks and the other ten days after the operation, also during epileptic attacks. In his more recent publication Jonnescu told us that he had acted surgically on 130 epileptics and told us that he had lost only one case through death after operation. We all know that we are apt to forget things which have happened to us and we all like to describe the most favourable aspect of our experiences. However, we do not care to give one-sided and misleading views in writing. If we read our professional journals, we are delighted at the numerous successes following operations for cancer. If we have read the cheering accounts of successful cancer operations we are absolutely thunderstruck when comparing with them the terrifying statistics given to the surgical congress of 1914 by Kroenig. Men as honest as Kroenig are rarely found. Men of the Jonnescu type are more frequently met with. It is high time for a surgeon of the

eminence and candour of Billroth to appear among us. I would remind readers of the sensation caused by the statistics which he gave us regarding his numerous failures in cases of operations for cancer of the female breast."

Deplorable lack of candour is to be found in all departments of the medical science and art. I would draw attention to the fact that the great drug houses are bringing out every day new remedies in large numbers, all of which are "highly commended" by eminent professional men. Every new remedy is recommended not only by printed matter issued by the producers, but also by written professional opinions extolling it, which give the impression that these opinions were supplied in return for cash and are quite unreliable. The methods whereby these new remedies are pushed are disgusting and bring the medical profession into contempt. One blushes with shame when one reads advertisements, such as the following which appeared a few days ago in a leading journal:

"A factory of pharmaceutical preparations in Berlin wishes to get in touch with a physician to give opinions on its productions. The preference will be given to a gentleman who is willing to have his name and title, such as professor or Privy Councillor, used as a trade mark."

Professor Hugo Schulz, of Greifswald, wrote:

"It is an unpleasant thing, but one has to say it, that the modern doctor is the commission agent of the manufacturer of pharmaceutical productions and their drummer. Medical science has been turned into a money-making concern."

Dr. Konstantin Brunner wrote in *Superstitious Belief in Doctors and Their Remedies*, 1927: "The god of healing has been put into chains by the god of wealth."

The degradation of scientific literature is accompanied by incredible conceit among the scientific publicists. Germans are apt to overestimate bookish knowledge and to underestimate character. Conceit



among so-called scientists often assumes forms which are truly revolting.

Practical men often complain that the teachers at the universities spend too much time in teaching and not enough in original work, such as research, pointing out that the ability to teach and the ability to do scientific work are different and need not be found combined in the same individual. My experience has taught me that this complaint is largely justified. Some scientists look with contempt upon all scientific efforts and achievements which do not emanate from the narrow ranks of professional scientists. Outsiders are "black legs" as far as they are concerned. However, not all of them adopt this attitude. Still we must remember that the scientific output is so enormous that even the most industrious and the most fair-minded scientist cannot overlook it, and that the competition among talented and striving men is so great that only too often truly great achievements of the meritorious remain unnoticed.

We physicians should not be small-minded and not angry with the world if we lack the recognition to which we are entitled. After all, we see every day in our consulting-rooms men of great gifts and true ability who were prevented fulfilling the task to which they were born. We meet many splendid women, ideal mothers physically, mentally and morally, who remain unmarried and childless. During the Great War there were no doubt among the soldiers potential generals whose genius was never discovered. However, even the humblest soldier should do his duty and we doctors must do likewise, disregarding the glamour of success and celebrity to which, perhaps, we are entitled by our abilities.

Those doctors who are not satisfied with my reasoning should console themselves by reading the words of the philosopher Schopenhauer, criticizing the official

philosophers appointed by the universities. Genius is bound to come to the fore earlier or later, notwithstanding the narrow-minded opposition of those around them. Men like Schopenhauer and Robert Mayer were treated as amateurs and outsiders during their lifetime and were given no professorships at the universities, but now hundreds of university professors thrive by re-chewing and expounding their ideas.

Many of the ablest men are disregarded nowadays, as were Schopenhauer and Robert Mayer. The other day I read with deepest emotion the life of Paul De Lagarde, the most German of Germans, a great genius, a man of science of the most embracing and the deepest knowledge, endowed with tremendous industry, devoted to truth and possessing the vision of a prophet. He had few friends and no influential helpers. During twelve years he had to live in slavery as a schoolmaster and private tutor to obtain bread and butter. He could not find a publisher for his writings and his existence was disregarded by those who ought to have been his colleagues. He would have made an ideal university professor, but he lived in obscurity until shortly before his death, when he was given a professorship in Göttingen. On his gravestone we find the words inscribed : "Via Crucis est via salutis."

Geniuses are still condemned to obscurity by the favourite weapon of boycott and complete disregard. Nothing is more deadly than organized silence. A short time ago I saw the letter of a professor who recommended that this book of mine should be killed by never mentioning it.

Evidence of professional conceit is found in the contempt of the German language. When I read English or French scientific books I am always delighted with the clarity of the style in which ideas are clothed. The German language is the richest of languages. It is a language delighting by its harmony and by its



strength, but it is turned into a gibberish, unreadable to most of us, by so-called scientists. Examples from every scientific work show that German scientists prefer to express their ideas, if they have any, not in language which can be plainly understood, but in an obscure verbiage which is not even human, replacing the German language by an un-understandable jargon which impresses the unlearned. The way in which words derived from the Latin and Greek are needlessly employed is contemptible. Lessing rightly stated: "Many doctors believe to have done something useful by making the ailing worse and the healthy ailing, and by flinging at them a number of barbarous words without obvious meaning." I believe with Paracelsus that the German physician should be German in word and thought. I have frequently criticized in writing the unnecessary use of foreign terms in medical writings.

## CHAPTER X

### SPECIALISTS AND HOSPITALS

**T**HE specialist is by no means of modern creation. Herodotus, the Father of History, who travelled in Egypt, reported about the ancient Egyptians :

“The Egyptians have organized the art of healing in this way. Every physician specializes in a single disease instead of attending to several. Everywhere in Egypt there are physicians who attend to the eyes. Others treat only the head. Others specialize in dentistry. Others attend exclusively to the abdomen. Others specialize in internal diseases.”

In ancient Rome we find that there were specialists for the eyes, specialists for the ears, specialists for women's diseases, etc. Already Homer mentions surgeons who were surgeons only. The new development consists in the fantastical over-development of specialization. In many large towns far more than half the medical men are specialists. The scope of general practitioners has become greatly circumscribed. Formerly medical men were often described as physicians and surgeons. Now the description physician and surgeon is meaningless.

It is natural that specialization has been greatly developed. In the course of the last century medical knowledge has branched out so greatly that it is impossible for any single individual to overlook the whole and to keep abreast of progress. Besides, the great advance in the methods of diagnosis and of surgical technique have made it necessary for men to



concentrate for years on some specialty in order to obtain the necessary qualifications.

The advance of specialization can best be seen by looking at the teaching branch of medicine. A hundred years ago a university professor could teach at the same time surgery, ophthalmology, normal and pathological anatomy, pharmacology, chemistry, physics, zoology, botany, etc. That kind of thing became impossible. Physics, chemistry, zoology, botany, were divided from the purely medical science. That division was necessary and inevitable but is all the same regrettable. The comprehensive knowledge of the scientific men of the past has been replaced by special knowledge which is only too often of a very narrow character. One need only compare the wonderful anatomical writings of Hyrtl, which the busiest practitioner will read with delight and profit on a Sunday afternoon, with the most recent anatomical textbooks.

Medical men who have worked for a number of years as assistants in the various clinics acquire the necessary specialist knowledge and then establish themselves as specialists. Specialization was inevitable and was necessary in the interest of the patients. I am a surgeon, but I am afraid I would not shine in operating for cataract. Therefore I leave cataract operations to those who specialize in them. Every year new special branches are established. Lately X-ray work has become specialized. However, one cannot help feeling that specialization has been greatly overdone. Before the War there were already many professional journals written for urologists. Still, an additional journal was created in Germany called *Central Journal for Female Urology*.

We doctors should not overlook the disadvantages of splitting up our science into numerous small departments. Specialization and concentration upon a narrow field makes men one-sided. It narrows the

intellectual horizon. Occasionally one meets a doctor who reads for amusement Homer or Horace in the original, or who has closely studied Kant and Schopenhauer, or who is an excellent botanist or geologist. I have known for years an old doctor of 70 or more, a grand fighter and an original, and a few years ago I heard by chance from a professor of geology that this doctor friend of mine was known among professional geologists as one of the highest authorities on certain fossils. Such men are exceptions which are swept away by the modern tendency of specialization.

The danger of narrow one-sidedness is very great indeed for the specialist. Specialists readily forget the maxim which guided Hippocrates and all the great physicians of the past, that doctors should study the body as a whole and should not forget the existence of the body by concentrating upon the investigation and treatment of some single organ, which is, after all, only part and parcel of a great and harmonious whole. Plato stated authoritatively in his book *Charmides* :

“It is against commonsense to treat the head for disease while disregarding the body as a whole. Good physicians study attentively the body as a whole and endeavour to cure the sick part or organ by treating the entire constitution. Spirit and soul give life to the body as a whole, producing good or evil. Therefore one should not forget the soul while treating the body.”

The specialist easily forgets the following: In living life there is no absolute law without exception, but merely a general rule with many exceptions. There is no narrow cast-iron scheme but an arrangement of infinite breadth, no fixity but unceasing change. All is in a state of flux. The specialist sees only too often things which he ought to disregard. He sees changes and abnormalities without importance, scars and retrogressive developments which in no way diminish the wise harmony of bodily functions. By looking



at the body from the narrow specialist's point of view, infinite mischief is often done. I would remind my readers of the terrible devastation done by specialists by surgical operations on the nose and the cavities leading to the nose which were said to be the seat and origin of every disease under the sun. Over and over again we meet with the same idea devoid of logic. Some disease due to a purely nervous affection, such as painful menstruation, chronic constipation, asthma, etc., has disappeared after an operation on the nose. Consequently, the nose specialist concludes, there is a connection between the nose and the uterus, between the nose and the bowel, etc., and in addition he asserts that painful menstruation, chronic constipation, asthma and so forth should be treated by an operation on the nose. After a decade or so it was discovered that such conclusions are due to self-deception.

All those who are familiar with the history of medicine find that similar mistakes were made at every period and in every country. This is particularly obvious in the domains of gynecology and surgery. I would remind my readers of the fact that thousands of ovaries were unnecessarily excised. The great surgeon Hyrtl condemned in fiery language the right of surgeons to kill with impunity. The great Sprengel similarly condemned the castration mania raging among medical men. An anatomical diagnosis and a physician's medical diagnosis are entirely different things. The anatomical diagnosis may be perfectly correct. The anatomist may discover the presence of Oophoritis, endometritis, parametritis, retroflexio uteri, etc., because the facts are there. However, the medical diagnosis of the physician may be different, for he may describe the trouble in the words: "Unhappy marriage, impotence of the husband, childlessness, perversity of sexual intercourse, masturbation, etc." In view of the totally different diagnosis made by the

anatomist and the physician it is only natural that the most successful surgical operation often in no way relieves the trouble for which it was undertaken and that the patient operated upon continues complaining.

In the domain of surgery the position is very serious. We see an unending change. For many years several thousands of operations of a certain kind are undertaken and then they are abandoned because they are found to be inadvisable or useless. The surgeon who looks at matters from the anatomist's point of view diagnoses the existence of a floating kidney, prolapse of the stomach or of the colon, chronic inflammation of the appendix, a movable cæcum, etc. The abdomen is opened, operations are made. Lane excised the entire colon with a mortality of 20 per cent. on account of constipation and even because of pain. All these things are useless. We surgeons have been led into paths which lead nowhere and we should never have done so if the physician had not been elbowed out of the way by the surgical surgeon who looks at things of the body merely from the theoretical point of view of the anatomist and from that of the surgical mechanic.

During the last few years a change has taken place in the views held by surgeons. Instead of looking at cases from the mechanical and anatomical point of view, they begin to look at patients from the physician's point of view. That is a blessing. Great surgeons who were at the same time great physicians, such as Billroth, had warned the surgeons for many years of the danger of allowing the anatomical and mechanical tendencies to prevail over those of the physician. One should mention the name of Professor August Bier as a champion of the new tendency. The hostility on the part of other surgeons experienced by Bier shows the risks which a surgeon has to run if he means to maintain



and cultivate the spirit of the physician. Time is in favour of the new tendency. Similar changes are taking place in gynecology and I would remind readers of the work done by Aschner, Liepmann, Seitz, Sellheim and others.

During the last few years medical scientists and specialists have at last turned their attention to the all too long neglected questions of constitutional development and heredity. They are beginning to fill up the gap left by the disappearance of the general practitioner of the past. Formerly the general practitioner was the medical friend and adviser of the family and was called in as an expert in questions of constitution and of heredity. He watched generation following generation, he saw children being born, grow up and marry. He noticed how they responded to infections, noted the influence of heredity and watched their strong and weak points. I do not believe that the scientific exponents of heredity can render us the services which have been lost to us by the disappearance of the old-fashioned family doctor.

The place of the family doctor has been taken to some small extent by the specialist in children's diseases. Occasionally one meets a family which has had the same doctor for decades.

Specialization in medicine has in its favour a strong point which is often overlooked. The very word "specialist" surrounds the bearer of that title with a glamour and prestige not enjoyed by the general practitioner. For the patient it is of the greatest importance whether the impression made upon him by the doctor when he enters his consulting-room is a favourable one or not. The moral factor may be decisive in the case. If the patient visits a specialist, he expects and hopes for something very special as regards knowledge and ability. He hopes for advice and help far more efficient than that which is obtainable

from the doctor who has treated him. This sentimental factor is responsible for numerous cures effected by specialists, miraculous cures, or at least unexpected cures, for which our critical intelligence cannot account. The nose specialists have declared during two or three decades that the various nasal cavities are the breeding places of numerous diseases. They have attacked these quarters with fire and sword, with cautery and knife, and they have actually cured the sick.

At one time it was the fashion to cut out the ovaries of women in innumerable cases. Later on there came a craze to operate on the appendix. Nowadays operations are fashionable on the sympathetic nerves. We should not smile at these aberrations. Every physician who is acquainted with the history of medicine is aware that in all these things the effective part is witchcraft or magic, the belief in the supernatural, which is as effective now as it was thousands of years ago. The human character is the same as ever. From the medical point of view one need, perhaps, not object to the various methods employed if the physician fulfils his task and cures the patient. I oppose fashionable treatments only when these treatments are more dangerous than the disease and when those who use sorcery in the modern form describe it as science.

Disease is favourably influenced by the titles of those who are consulted, whether they are called specialists or consultants or whatever titles they may have. The vital force, energy, power of resistance and of repair are mightily stimulated by confidence, hope, and happiness, factors which are only too often overlooked by the representatives of exact science. The mere title "doctor" increases the prestige of the physician in the eyes of the patient and reinforces the effect of his words and of his acts. That effect is, of course, greatly increased if the medical man consulted has higher titles, such as professor, privy councillor, etc.



Although one may laugh at the desire for titles and the efforts made to obtain them, we doctors should not disregard their curative force. Of course we know that among the professors there are dunces who owe their title rather to their industry or to influential friends than to their professional gifts. Titles are given like decorations. It is more important to be in the place where decorations are dropping from the sky than in the place where decorations are earned. Still, I think a title is useful and even indispensable. Titles are part of our professional witchcraft. To the patient it makes a vast difference whether the *natrum bicarbonicum* which he is to take has been prescribed for him by a cheap local general practitioner paid with a few shillings, or by a celebrated professor of medicines in the capital for a very large fee. In the latter case the effect may be vastly greater than in the former.

One of my friends, an excellent general practitioner, was awarded the honorary title of professor on account of his scientific publications, which were of outstanding value. He is not only an eminent man of science but an excellent human man, a born physician, free from vanity. He depicted to me the great influence which his new title had had upon his medical activity. His knowledge and professional ability were of course not increased by the title given to him, but his successes in curing patients were vastly increased. I knew an elderly doctor, a socialist, who was given a medical title just before the German revolution. He was very delighted with his luck. I was surprised that he, a convinced socialist, had not refused the title and reminded him that socialist policy was opposed to their being given. I had known him for years and knew that he was a great idealist and a conscientious doctor. He was pleased with his title not because he could charge higher fees, but because he knew that he would be able to impress patients more than previously and

that he could cure patients whom he could not have cured without his elevation in their eyes.

My ideas about the magic influence of titles upon patients may be illustrated by the following true story. A young doctor, working in a small town, went to the surgical clinic at a university to increase his knowledge of surgery. His wife remained at home. A woman came and asked for the doctor and was told by the wife : "Of course you know that my husband has gone to the university to continue his studies." "Yes," replied the woman, "he wants to get a title and when he comes back with a title he will better be able to cure us."

The clientele of the general practitioner is encroached upon by the specialists on the one hand and by the hospitals on the other hand. Formerly women in childbirth were attended to in their homes by general practitioners. Now they go to public institutions. There are certain advantages for women having their children away from their homes. In hospitals, nursing homes, etc., there are facilities in case of need and of danger which are not to be found in private houses. There may be an economy in having a baby at an institution, but thrift is not the principal factor why childbirth away from home is preferred. Women feel that they are more efficiently looked after when at hospitals.

The danger of an operation is increased if it is made in a private house. Therefore it is done at hospitals and clinics if the patient can be transported. Otherwise there is loss of time in addition to unnecessary danger. The advantages received by the patient in hospital for such things as complicated fractures of bones are so great that we should not be fair to a patient in treating him at home, and it would be unmedical to give home treatment. At an institution there are X-ray facilities, implements of every kind and a doctor is always at hand.



No objections can be raised against mechanization of the art of healing if such mechanization leads to a saving of time and strength and brings about a cure. In the age of railways and flying machines no man in his senses will demand the re-introduction of horse coaches. I have written copiously against the mechanization of the medical art but not against its useful and necessary mechanization. I have criticized the mechanization of medical thought and particularly of surgical thought. Doctors and surgeons are apt to become automata. I condemn those men who learn by rote for bronchitis give ipecacuanha, for consumption give tuberculin, a movable cæcum should be stitched up, a movable kidney should be operated on, retroflexion of the uterus should be treated by the Alexander-Adams' operation, etc. Every one who looks around the doctor's workroom with an open mind must admit that the working intelligence has been replaced to a large extent by automatic action. This is what I call the mechanization of the spirit.

Dr. Braun has advised medical men to go ahead with the times and not to preserve methods which command respect only because of their antiquity. He is undoubtedly right. Medical men can form co-operative organizations and go in for team work, as is done in America and England. They can have in common consulting-rooms and waiting-rooms, X-ray apparatus, etc., and can therefore act more efficiently for their patients and at the same time prevent waste of money. Half a dozen doctors can easily buy and maintain an X-ray plant which a single doctor cannot afford. However, I do not go as far as Dr. Braun. I know American medical methods, having studied them in the United States. On the other side of the Atlantic many things are better for the doctor than in Europe. In America there is no insurance against

sickness. The sick working man pays his doctor and the middle-class, which furnishes the bulk of the medical income, is both numerous and prosperous. In the United States all the great Hospitals, with the exception of a few, are maintained neither by the State nor by the local authorities, but are private institutions. Besides, wealthy patients are generous towards the doctor. I was told on the other side that the first floor of Society occupied by the wealthy had to support the upper stories inhabited by the struggling middle-class and by the poor. Patients of means know that they have to pay high fees in order to enable doctors and surgeons to treat the less prosperous at moderate prices or gratuitously, and they accept and approve of this method of remuneration. On the other side of the water wealthy people, who have been cured in hospital, often give money for establishing a children's ward, a research institution, an X-ray department, etc. In Germany things are very different. The War and the depreciation of the mark following it have exterminated practically the whole of the German middle-class. Nearly two-thirds of the German people are insured under the various insurance schemes and the hospitals are chiefly owned or controlled by the State and the municipality. Large funds for medical and surgical purposes are still given in the wealthy western portions of Germany. In the poor eastern parts of Germany there are only a few old foundations, dating mostly from the seventeenth century and from the eighteenth century.

In the seventeenth century the principle was established that medicaments should be charged for according to the patient's capacity to pay, that the poor should have them free of charge, even if the well-to-do had to pay more for them. Now the words "for the benefit of the community" are misunderstood and misapplied and gratuitous treatment, both medical



and surgical, is given to those who are well able to pay for it. The medical managers and directors of hospitals may wish to take the part of the struggling doctors and surgeons, but they are quite helpless. Several decades ago the great surgeon Czerny thought that Germany had four times as many surgeons as were then required. Nowadays things are very much worse. I am personally acquainted with quite a number of professors of medicine, men of eminence, who are compelled by necessity to carry on a panel practice for their daily bread. If a hospital advertises that it has a vacancy which can be filled by a medical man of very minor qualifications one is amazed at finding applications from doctors and surgeons of mature age, great ability and high reputation, who should not be compelled to seek a very modest appointment which should be filled by a beginner. In view of present conditions, only a small fraction of medical men can carry out Dr. Braun's advice to be abreast of the time and to be progressive. The great majority of doctors is being converted into a proletariat. The thing is inevitable.

No one in his senses will deny the great importance of hospitals for the health of the people, for the progress of science and for the instruction and training of medical men. However, the danger of mechanization, which is particularly great in large undertakings, cannot easily be avoided in hospitals. At the same time one must not over-estimate this danger, for the individual doctor can use his own intelligence. He need not allow himself to be flattened out by the steam roller.

We doctors must defend ourselves against the unfair competition in which hospitals indulge without necessity. It is perfectly clear that the great hospitals are at present the most dangerous pace-makers of socialism and they threaten the medical profession

with socialization. The other day I read a paragraph in one of the Berlin newspapers, stating :

“Hitherto people with a yearly income up to £105 were charged at the hospitals only half the normal fees. The Central Deputation of Health resolved to raise the limit from £105 to £305 so that a man with an income up to £305 can now obtain medical and surgical treatment at half the normal fee for himself and his family.”

In Danzig and in many other German towns the rules forbid that citizens of the town should pay anything for medical and surgical treatment if they apply for treatment in the second class, whatever their circumstances are. Furthermore, well-to-do patients of all classes may not be charged more than the actual cost in case of X-ray photographs, X-ray treatment, diathermy, artificial sunlight treatment, etc. Of course, the actual expenditure of hospitals is far below the fees which they are allowed to charge by law. All this is done for social reasons ! We cannot wonder that the municipal hospital at Danzig requires a yearly subsidy of a million gulden. We are told again and again that hospitals are created for the benefit of the community. The principle is no doubt excellent. Still, should wealthy citizens and rich foreigners be allowed to benefit thereby ? A curious position is created. We doctors are crushed by incredibly high taxes exacted from us, and the very taxes extorted from the doctors are handed over to well-to-do and wealthy people who thereby are enabled to obtain treatment either gratuitously or at cost price, not on a commercial basis. No wonder that people laugh at our folly.

In my opinion the pauperization of the medical profession is not as harmful to the doctors as the demoralization which it creates among the recipients. Medical and surgical assistance given free of charge, or almost free of charge, is not appreciated by those who



obtain it. The destruction of our prestige is doing the most serious damage to the medical profession. The lawyers enjoy greater prestige than the doctors. If the community would organize gratuitous assistance for those who wish to go to law, the organized lawyers would immediately demand the abolition of such an institution. Lawyers are more highly esteemed than doctors because they have remained free men. The organized bookbinders of Danzig successfully resisted some time ago an attempt at occupying the prison inhabitants with bookbinding. Lawyers and bookbinders have known how to defend their social and financial position by combined action. The doctors should do likewise.

## CHAPTER XI

### THOUGHTS ON QUACKERY

WE live in a strange world. Never before during the 6,000 years of our history has medical science progressed so greatly as during the last fifty years. At no time in the world's history did doctors possess so vast a knowledge and were given so wide and so thorough a training as to-day. Research institutions of every kind, clinics and hospitals fitted out regardless of expense, a gigantic medical literature, courses of lectures for medical men, congresses, cinematographic pictures and wireless constantly add to the knowledge of doctors. Nevertheless we find a tremendous increase in the number of quacks practising medicine. It does not matter whether they specialize in Nature Cure or Bio-chemistry, or Mazdaznanism or Sepdelenopathy, or Christian Science. All of them have many thousands of enthusiastic supporters.

One cannot help asking the question: "How is it that people pass by the house of the qualified physician who possesses full professional knowledge and who has passed through an excellent training and run to the houses of quacks, who only too often are quite uneducated?" I have studied the history of quackery to some extent and I know that in the highest circles of Society, among the Nobility, among the people of the Court there have always been numerous individuals who were treated by quacks and at very high prices. I have never found this



strange. The highest circles contain people whose views have become extremely narrow owing to the exclusiveness of these circles. I know numerous university professors who have the strongest faith in some form or other of quackery.

Some of my readers may believe that I exaggerate. However, Professor Hans Much estimated in his book on homœopathy, published in 1926, the number of patients who prefer unorthodox treatment to orthodox treatment to be 50 per cent. of all patients. Such an estimate must give us doctors food for thought, and we ought to ask ourselves very seriously whether the fault lies not with ourselves, or largely with ourselves. In No. 9 of the *Münchener Medizinische Wochenschrift* I read the following paragraph: "The doctors of Hungary demand a law against quackery. They state that during the past year only 47 per cent. of those who died were treated by doctors, while no less than 53 per cent. were treated by quacks and Christian Scientists." These figures have been questioned. Of course it is not easy to get exact statistics. However, I read in an article by Dr. Kraus, published in No. 49 of the *Deutsche Medizinische Wochenschrift*:

"We doctors must not forget that the confidence in doctors among men, both educated and uneducated, increases or diminishes in accordance with our successes and failures. We may therefore conclude that the success of quackery must largely be ascribed to our own shortcomings."

The percentage of patients going to orthodox doctors would, of course, be much smaller than it is, were it not for the existence of the various insurance schemes. Social insurance compels two-thirds of the German population to visit the consulting-rooms of orthodox practitioners. One can imagine what would happen if the medical monopoly did not exist.

It is a great mistake to attribute the success of quacks entirely to the stupidity of the people who turn their backs upon orthodox practitioners. We only deceive ourselves if we attribute this phenomenon to general ignorance. It is always a mistake to underestimate one's opponents. It may be that the success of quackery is largely due to the ease with which the masses can be deceived by swindlers, greedy of gain. However, this does not solve the question of quackery. I am reminded of an amusing anecdote relating to a great physician and a quack. They lived in the same street and, in fact, in the same house. The great physician and the quack happened to meet one another. They started talking and the physician asked the quack : " How is it that enormous numbers of people fill your waiting-rooms while only comparatively few come to mine ? " The reply was : " I can give you the answer quite easily, but before replying to you I would like you to give me an idea how many people pass through our street per day ? " The doctor replied : " Perhaps 10,000." " And how many of those 10,000 are possessed of a good intelligence ? " " At most 100," said the doctor. " Well, there is the reply to your question. The 100 people of intelligence consult you and the remaining 9,900 consult me."

If we look a little more closely into the position it is quite obvious that the well-trained physician is greatly superior to the quack in two things. He knows how to make a diagnosis of a disease and he is able to make a prognosis as to its probable development. The tremendous progress which has been made in anatomy, physiology, pathology, bacteriology and clinical diagnosis is due to us doctors. If one reads the bulky volumes of the best-known quacks, we notice that their anatomical and physiological information is derived entirely from the scientific



art of healing which they malign. The novelties introduced by laymen, such as diagnosis from the colour of the eye, iridiagnosis they call it, is chiefly or entirely fraud and self-deception. I have very frequently had occasion to test the diagnoses made by quacks, and, with the exception of a very small percentage, their diagnoses were absolute nonsense. We can, therefore, safely take it as a principle that the quack does not recognize diseases. That fact is universally known, even among the common people. Some time ago I heard a conversation between two women of the lower middle-class. One of them said to the other: "I have just been at my doctor's. He has told me what my trouble is and now I can safely go in for bio-chemical treatment."

The quack cannot make a correct prognosis regarding the future development of a disease. That may be seen by innumerable cases of death among people who were treated by quacks for appendicitis, cancer, etc. I do not think we can look upon all quacks as criminals or murderers because some of them are responsible for the unnecessary death of their patients. I would rather believe that, although there are many swindlers and exploiters among the quacks, there are among them some excellent men and healers, such as the late Pastor Kneipp.

Their incapacity to make a correct prognosis of the future course of a disease is largely responsible for the popularity of quacks. In case of serious affections, a conscientious doctor will adopt an attitude of caution, will not raise hopes and will certainly not advise treatments which are not likely to prove successful. The quack, on the other hand, will readily promise anything. Of course, among us doctors there are some who act like quacks by the recklessness of their promises.

Quacks are blamed for advertising themselves

and their work. That reproach should not be taken too seriously. All doctors know that among ourselves self-advertisement is by no means unknown. The great dermatologist Lassar wrote: "Medical men who publish much indulge in the most aristocratic form of self-advertisement." Many of the lectures given by medical men at medical meetings, congresses, etc., are delivered with the same object in view, and many leading medical men know how to use the newspapers for advertising themselves.

When I established myself twenty years ago, I was visited by a journalist who offered to publish in the press successful cases of mine, such as particularly striking operations, which would attract attention. In order to demonstrate to me his ability to advertise my capacity he put before me a large number of articles and notices relating to medical men which he had published. The material was indeed very striking and among those whom he had advertised there were some medical names, the appearance of which filled me with surprise. He told me that these notices were purposely written rather amateurishly so that readers would not suspect that the medical man praised in the paper was himself responsible for the information. Of course I refused to employ the man. Still, every one who reads the newspapers notices strange things humiliating to the doctors. He will find columns of print describing and praising with exaggeration new and entirely unproved methods of medical and surgical treatment and he will find portraits of professional men who have attended congresses or spoken at them. Even small provincial journals publish articles describing the thousandth operation on the lungs, the two-thousandth operation on the stomach made by some surgeon or other. I admit that the responsibility for many of these advertisements lies not with the medical men whose



praise is sung but with some journalist who wishes to publish some sensational matter. Still, one must blame many doctors for their lack of common caution.

I would remind my readers that over and over again prominent doctors and university professors of medicine and surgery give opinions praising without reserve certain pharmaceutical preparations, perhaps only because they were incautious in expressing their views.

In the daily press and in many of the popular weeklies we find column after column of so-called popular-medical information, written by medical men. Most of the information has carefully been arranged so as to make it palatable and attractive to the ignorant. Much of it is absolute rubbish, and often one blushes with shame in reading these articles because only too frequently they are nothing but a blatant advertisement of something that is absolutely worthless. Happily some medical associations and organizations find this form of advertisement unworthy of the profession and are taking a stand against it, forbidding the use of medical signatures, except with the permission of these organizations. So much has been written about the self-advertisement of doctors by means of extra large brass plates, large advertisements in the newspapers that they are going away on a holiday or returning from a holiday, etc., that I need not go into this aspect.

I do not wish to be misunderstood. The word self-advertisement is an ugly word and it implies a reproach. At the same time self-advertisement on the part of a doctor is not only useful, but is really necessary. A doctor who has a good reputation, who is generally believed to be a good doctor, whether that reputation is justified or not, will render far better services to his patients than a doctor of equal ability and equal knowledge who does not enjoy

a good reputation. We doctors know very well that reputation and prestige are extremely important factors, and the envy shown by us doctors to those of our colleagues who enjoy a good reputation or a high reputation among the public is understandable. My criticism is levelled against loud and vulgar self-advertisement on the part of doctors, but of course quacks go in this respect much farther than medical men.

As stated before, doctors are greatly superior to quacks with regard to diagnosis and prognosis. Now let us consider the question of therapeutics, of treatment. There are numerous diseases which disappear spontaneously. In fact most diseases tend to disappear of themselves, and with regard to these the successes of quacks and of doctors are approximately equally frequent. However, quacks show more ability in proclaiming these successes which are due not to their ability, but to the beneficent action of Nature. One often reads letters of gratitude on the part of women with child who had been vomiting continually up to the fourth month, who had in vain been treated by many doctors and who went to a quack who cured them. These letters are very amusing to the initiated, for we all know that after four months from the time of conception vomiting among women usually comes to an end of itself.

Whenever the natural tendency towards cure is absent and whenever intervention is necessary, we can be quite sure that the physician is far superior to the quack. I am thinking particularly of surgery. Only too often we meet with patients who have been gravely damaged because they went to a quack instead of going to a surgeon. I would draw particular attention to the large number of women who lose their health or their life because they have consulted



quacks after conception, desiring to avoid childbirth.

If we leave aside the two large groups of diseases mentioned, those which disappear of themselves and those which require surgical treatment, there remains a host of diseases and disorders which are due less to organic factors than to functional faults, to nervous and to moral factors. With regard to these health troubles, one must make the humiliating admission that quacks succeed only too often in curing those patients whom we doctors have treated unsuccessfully.

Those who believe that quacks cannot cure should read the plain description of such a cure in the well-known autobiography of Prince Hohenlohe-Ingelfingen, the celebrated general of artillery. He fractured the base of his skull when he was a young lieutenant in the artillery of the guards. The accident was followed by severe headache which made riding impossible. Hohenlohe was given leave of absence for a year and was told that unless he was cured within a year, he would have to send in his resignation. Hohenlohe consulted a large number of the highest authorities in Germany and abroad. He was an excellent soldier, loved his profession passionately, was determined to get well and carried out with scrupulous care the directions given by the various consultants. However, all these treatments failed to cure him. Whenever he attempted to ride a horse the terrible headache returned.

A lady of his acquaintance, a member of the aristocracy, told him of a quack in the north of Berlin, a carpenter by occupation. Hohenlohe refused with indignation to receive him. As an educated man he would not visit a medical swindler. However, his raging headache remained and somebody else happened to mention to the prince the name of the

carpenter quack. When forty-six weeks of his leave of absence had gone by, Hohenlohe received a letter from the commander of the regiment reminding him that unless he returned cured within six weeks his career would be at an end. In despair Hohenlohe resolved to go to the quack recommended. Dressed in his shabbiest clothes and in the company of a friend he visited the quack in the dark of night. A rickety staircase led up to a poor carpenter's workroom. The carpenter, who was working at his trade, immediately dropped his tools and started treating him with coarse, horny hands, which smelled strongly of glue. He made a few passes over his head, told Hohenlohe that he was cured, and indeed he was cured. The prince went back to his regiment, took a prominent part in the wars of 1864, 1866 and 1870-1871, and, notwithstanding the great strain involved, his headache never returned.

Such cures occur not merely in a few cases and we should not sneer at the cures of quacks, looking down upon them with the conceit so often found among scientists. At any rate the plain story of Hohenlohe's cure impressed me very greatly and gave me furiously to think.

We shall understand the art of healing clearly only if we abandon the narrow conception of the meaning of the word doctor. It must be clear to us all that the official training and success in passing the usual examinations produces only a medical practitioner but not a physician. A doctor cannot be made, he must be born, and if a man is not a born doctor he will never become one. The gods put their greatest gifts into babies' cradles. I am afraid we have lost the necessary clarity of vision in matters medical, by over-estimating the formal knowledge which can be acquired by memorizing facts and by disregarding, or even despising, medical vision, medical instinct



and other intangible factors. We follow in this the example of the scientists.

Success and even distinction in passing examinations does not constitute the doctor. If we study medical history we find great physicians who have never studied medicine. If we read the gospels with an open mind, it must be clear to us medical men that Christ was a great physician who cured by psycho-therapeutical means and, compared with Him, the great diagnosticians are mere pigmies. And how did Christ effect His cures? In exactly the same manner in which every true physician cures nowadays. He cured by the powerful effect of His great and kindly personality. "Take up thy bed and walk."

A very eminent surgeon, having seen this passage, wrote to me that he had read the gospels rather from the historical than from the medical point of view. In his opinion Christ had cured only those who were susceptible to psychological treatment and He would never have been able to cure an inflamed appendix or gall-bladder. That may be true, but that criticism is beside the mark. Every disease and disorder must be treated according to its nature and requirements. Purely mechanical disturbances of physical normality should be treated purely mechanically, and psychological disturbances should be treated psychologically. Besides, we must remember that there is no fixed limit between the mechanical and the psychological. The two overlap. Of course those surgeons who are surgeons and nothing but surgeons do not allow for the psychological factor. Looking at disease from the purely mechanistic point of view and, relying only on the knife, their action results in failure day after day because the knife fails in diseases due to psychological anomalies and disturbances.

I do not intend to recommend medical magic as a general specific. Physicians who employ medical

magic in some form or other in the case of patients who require urgently surgical or other intervention act not as physicians but act like quacks and criminals. There are diseases of the body and diseases of the mind.

Going back to the case of Prince Hohenlohe, it is obvious that he was not cured by the passes made on his head by the carpenter. He was already cured when walking up the rickety staircase. "Thy faith hath made thee whole."

In the same way were performed the miraculous cures of Lourdes and of other places where medical miracles occurred in the past and occur in the present.

We must not forget that the creators of new religions, the holy men, the God-inspired of all times were successful physicians. No one can assert that Coué was a swindler. However, he cured innumerable patients who had been incurable to the orthodox physician. Laymen, such as Priessnitz, Kneipp, Thure, Brandt, Rickli, Hessing, possessed highly developed gifts of medical observation and knew how to help the sick and cure them.

If one wishes to be absolutely frank, one must admit that in the composition of every registered doctor there is quite a large element of quackery. We doctors know much and perhaps we know all-too-much. We believe that the things demonstrated in the laboratory exist and are right. We believe that most of the facts which we read in our medical textbooks exist and are right. However, there is something apart from the verities furnished by the laboratory and the textbook. The aspect of things alters as soon as we try to apply the teaching of the textbooks and of the laboratories to living human beings. The human organism is not a piece of machinery like a clock, nor a chemical production which reacts uniformly to chemical influences.



Attempts to make medicine an exact science are bound to fail because no two bodies are alike. In view of this lack of uniformity of organization and reaction we cannot be guided by exact science, by rigid rules, but we must fumblingly feel our way in treating the sick. In medical treatment and in surgical procedure as well it is often not very important what is done. The individuality of the man who does it may be all-important. I have shown this in many of my writings. Of course those who believe that I mean to say that it is superfluous for students to study earnestly the facts of medicine and surgery misunderstand me.

We may interfere with the miraculous entity called the human body only if we are fully informed about the shape, position and functionings of its organs both in health and in disease. No man in his senses will ask a chimney sweep or a butcher to repair his watch, and we should treat our bodies at least as sensibly as we treat our watches. We doctors act wisely when we strive unceasingly to widen our knowledge and experience and to replace instinct by knowledge, vague impressions by science. Knowledge and experience are necessary and useful, but these qualifications are not enough for us medical men.

The preceding pages have been bitterly criticized by my opponents. I have been reproached with showing a very strange predilection for quacks and quackery unworthy of a medical man. One of my medical critics has accused me with having perpetrated high treason against the medical profession. Another has accused me of having written a sensational book in order to make money. Another medical man in a high official position wrote, in discussing my book :

“ As a doctor I do not wish to act as a sentimental Samaritan who cures his patients with medical science if he is able to

do so and with quack remedies if medical science fails. The medical art consists in applying medical science to the sick, not in trying medical measures and abandoning them for quackery, should they fail. I should not rejoice if either by medicine or by quackery I had cured a case, curing it by merely a fluke."

I recommend this gentleman to read the writings of Professor Hans Much. In reading Much's book on homœopathy, he will find on page 9 the sentence: "The history of medicine is the history of human error." If he reads other books of Much, my critic will discover that medicine is not a science, or at least he will find that medicine is not a science and nothing but a science. Medicine is an art, an art which cannot flourish under rigid laws and regulations. Every individual case differs from every other case. Generalization is impossible. Hence every form of treatment is inevitably more or less speculative and doctors who use science only frequently fail to hit the mark.

My medical critics should read the lives of truly great practising physicians, not those of medical scientists. He should, for instance, read Dr. Reil's description of old Dr. Heim, whom he rightly calls "A physician by the grace of God." He wrote:

"Heim had not the slightest notion how he cured his patients. A modern doctor studies and examines a case for weeks before he dares to utter an opinion regarding the nature and seat of the disease. If Heim was called to a patient, he went to the bedside with brisk steps, scarcely looked at the case and occasionally did not ask a single question, but at sight made a diagnosis which was usually correct and at which other doctors could have arrived only after a long and laborious examination and investigation."

Among the leading clinicians of the day one occasionally encounters a man who is at the same time a great physician. A German professor of medicine in the 'seventies, an indefatigable worker, world renowned



for his scientific achievements, wrote to me he taught his students "*Medica Mente, non Medicamentis*," creating in them the medical mind rather than filling their minds with the theoretical knowledge of medicines, and he told me: "The average doctor can do more harm than the quack because the doctor employs more dangerous medicines and processes than the quack. One can only think with horror of the levity with which salvarsan (606) was used up to recent times." Such words can only be written by a doctor who is a physician in the full meaning of the word, and a wise one.

A university professor, a surgeon of the greatest eminence, wrote to me that he had never hesitated to allow people suffering with erysipelas to be treated by Christian Scientists, but that he had not seen a success in a single case. On the other hand, he had witnessed cases of chronic eczema cured in a few days by quacks which had been treated for years without success by leading dermatologists. The writer is obviously not only a surgeon but also a physician. Now let us assume that I was consulted by one of those unfortunate patients suffering from chronic eczema. I might, of course, look at matters from the point of view of the doctor previously quoted and treat the patient in the orthodox way without avail. As a physician I have the strongest desire to help my patient to the best of my power, and this means that I should treat him scientifically as long as possible, but that I should treat him in any other non-scientific way if science should prove unavailing. The word quackery has no terror for me. The welfare of my patients is my only consideration, and I am in good company in making this decision. The great Hippocrates left us the maxim: "The doctor's one and only task is to cure, and if he succeeds in curing the patient it is a matter of indifference what methods

he has employed." Similar words were uttered recently by a modern medical celebrity, the pathologist Krehl.

I know that my opponents will object to my views and will argue that my doctrines will have a bad influence upon medical students and young doctors, who will be encouraged by my writings to believe that they need not study medicine seriously and that they are entitled to experiment on their patients in any way they like. Such young men might say, "Dr. Liek has taught us the truth, let us disregard scientific study, act like old Dr. Heim, and we may become great doctors notwithstanding our ignorance."

My critics who adopt this attitude are either unable to understand my meaning or they are determined to misunderstand it. Those who adopt the purely mechanistic point of view are misled by their narrowness of vision, their horizon being limited by ideas of mechanistic surgical treatment.

Let us assume that I myself was lying on a sick bed owing to a sudden attack of appendicitis, and let us assume farther that my appendix occupied an unusual position making it difficult to arrive at a correct diagnosis. Let us further assume that two medical men visited me. The first is a true physician, a man brimming over with kindness who is filled with pity on account of my pain and of my suffering. He presses my hand warmly, is full of sympathy, utters encouraging words, but does not recognize the true nature of my trouble and exposes me to the danger of death. The other medical man is a hard-hearted, callous medical practitioner, is de-humanized and he looks upon me as merely "an interesting case" or looks at me animated by the idea of how much money he can get out of me. However, the hard-hearted practitioner knows his job, recognizes the cause of my suffering and saves my life by an immediate operation. In such a case



I should, naturally, prefer the medical practitioner to the kindly physician.

Of course the picture drawn by me is quite untrue to life. The kindly physician who treats me with sympathy and words is in reality not a physician, but merely a kindly individual without medical qualification if he is unable to recognize the illness from which I suffer. As I said before, the modern sportsman refuses to pursue game with spear, bow and arrow, and if old Hippocrates would come to life, he would be as great a physician as he was 2,300 years ago because of his genius. However, he would immediately strive to acquire modern accomplishments and in a very brief space of time he would be as familiar with the use of the microscope and the X-ray apparatus as anyone of the living generation. Furthermore, the mere practitioner, as drawn by me, is, of course, only a caricature. He may be a selfish man and think of his fees, but he will nevertheless have the desire to help me and he will advise an operation because he considers an operation necessary for my welfare. In other words, he is a medical practitioner who bears largely the character of the physician. In real life we rarely meet the deepest black and the whitest white, perfect angels and perfect devils. We usually find that in every medical man there is at the same time a mere practitioner and a true physician. In every man one finds mixed motives.

I must not omit an important point. We rarely find that a necessary operation is omitted. As a rule the opposite happens. Usually we find superfluous operations which lead to bad results. One could fill many pages with details on this point.

I feel I ought to say something in reply to those who have proclaimed that I have been guilty of high treason to the medical profession. Every medical man is acquainted with the fact that those medical

men who do not share one's views are apt to speak of a colleague whom they do not like with an assumption of superiority and with a tone of contempt. Such an attitude is justified in those who possess great practical knowledge and high authority. That is not the position of my medical accusers.

We doctors are unanimous in our belief that it is necessary to oppose the activities of quacks. We differ only with regard to the policy to be adopted. I myself have delivered lectures about quackery and against quackery. I have attacked quackery in a number of articles, but I have never been able to convince myself that the result of my endeavours was commensurate with the time and labour involved. The people whom we try to enlighten about the dangers of quackery do not wish to be enlightened. They are much wiser than we are and believe that we oppose quackery not in order to protect the sick and the ailing, but because we envy the quacks on account of the money which they receive.

It is clear to me that the fight with quackery is in the first place a matter for the doctors, but we must remember that in the struggle between orthodox medicine and quackery the victory lies not with the party which is in possession of the greater scientific knowledge but with the party which has the greater curative success. We doctors must not disdain achievements because they were initiated by non-doctors. The water cure and massage were introduced, not by medical men, but by outsiders, by quacks, who monopolized these methods of treatment until they were taken up by the medical men themselves. As soon as doctors undertake truly curative methods of treatment evolved by outsiders, the outsiders have to retire from the fray. That may be seen in the case of both water cure and massage.



In fighting against quackery I advocate particularly the fight against the advertisements of quacks and also against the equally harmful advertisements of pharmaceutical preparations in the experimental stage, made only too often by doctors in return for cash. However, I recognize the hopelessness of the struggle. As soon as one head is struck off ten new heads grow in its stead. Those men are sure to make money who try to exploit human stupidity.

During my consulting hours I have many opportunities to discuss quackery with my patients. My method is very simple. I say to those who consult me: "As long as you are in good health, you can safely go in for quackery, take bio-chemical remedies and proprietary medicines of every kind. Every one likes to have a hobby. Why should I interfere with your amusement. Of course the matter is different if you should be really ill. Illness is not a joke, but should be taken seriously and then you should go to an experienced doctor." I do not think that many of my patients are upholders of quackery. A little light irony is a far more effective weapon than the heavy artillery of the German Society for Combating Quackery.

There is no country in the world in which quackery is as rife as it is in the United States. All Americans know it and laugh at it. In 1912 I was in the United States during several months and all America laughed at the following story reported by the newspapers. A bright business man of Chicago filled on the roof of his house bottles with sunshine and did a huge business, selling bottled sunshine at a dollar a bottle. The man made a large amount of money and the people roared with laughter. He did not do much good to the purchasers, but he gave happy moments and innumerable good laughs to the others. Merri-ment is a great remedy. At that time bottled sunshine

was recommended as a sure means of rejuvenation. Now we have sure means of rejuvenation in certain surgical operations which, of course, lack scientific foundation. It is useless to be angry with the crowd because they lack judgment, or with the exploiter's cupidity because he is unscrupulous. The appearance of amusing health swindlers brings as much variety into life as the appearance of judges in their wigs and mediæval garments. Life would be very tedious indeed if orthodox medicine would have a monopoly in this world. Attempts to create uniformity of thought in medical practice must be viewed with disquietude.

University training does not entitle us to conceit. Knowledge is not wisdom. We should be proud that we are healers of men, not be proud that we know much. Besides, we must not overlook the fact that folk medicine contains great treasures which we cannot disregard. During many years I have studied with particular zeal the advance in the scientific treatment of syphilis, on which I have written copiously in the past. Being interested in the scientific treatment of that disease, I noticed with surprise that during the last few years, and even among the men of science, an ever-growing demand has become apparent that syphilis should be treated more and more with the great remedies of Nature, such as fresh air, sunlight, baths, massage, diet, physical exercise, etc., and that we are warned by men of science not to weaken the diseased body unduly by injecting salvarsan. Once more I do not wish to be misunderstood. It is highly gratifying that in all civilized countries syphilis has greatly diminished during the last decade. That diminution may be ascribed chiefly to the action of salvarsan which rapidly eliminates the danger of infection if it does not diminish the disease itself. It cannot be questioned



that we doctors have neglected all too long the great remedies of Nature which folk medicine has used for centuries. Paracelsus wrote: "Let the doctor bend down to the ground and he will find at his feet a greater treasure of remedies with which to fight disease than can be furnished by Egypt and Greece."

The contempt of doctors who have had a university training, of those who have not enjoyed a scientific education is frequently due to insufficient knowledge of the history of medicine. I would remind my readers that we owe the knowledge of that wonderful remedy digitalis to an old herb woman, that quinine was brought to us by a distinguished traveller to whom it was given by South American savages, that laymen furnished us with cocaine, etc. Hippocrates wrote: "Do not disdain the knowledge of common people who may point out to the doctor many valuable medicines."

If we study what is called Nature Treatment we find that all the methods used by laymen in nature cure establishments, such as the wet compress, were invented by doctors. Hippocrates described twenty-three centuries ago sun baths, open-air baths, water cures of every kind, medical gymnastics, massage, diet, etc. Unfortunately the commonsense teachings of commonsense doctors are apt to be forgotten. Laymen have had the great merit to have preserved the ancient natural methods of treating disease during the many centuries when orthodox medicine disregarded them. Those interested in Nature Cure methods have been highly successful in teaching and promoting a natural method of life, the limitation in the consumption of meat, avoidance of alcohol and tobacco, sun-bathing and open-air bathing, the use of water for curative purposes in many forms, etc. Recognizing the benefits of these methods I do not oppose my patients if they wish to use them,

but the doctor comes to his own when they are really ill.

I do not think it is a matter of coincidence, for other surgeons have had the same experience, that I had to operate on a large number of people interested in the Nature Cure movement. Such people know too much to go to the doctor when they get ill. Of course the professional advocates of Nature Cure treatment are too wise to treat themselves with wet compresses, shower baths, herb teas, etc., if they are really ill. They immediately go to the doctor, and it is a crime if these men prevent others from going to the doctor when they ought to. One of the best-known German quacks, who has written large volumes against orthodox medicine and its methods whereby the people were poisoned with mercury in case of syphilis, recommending cold affusions instead, had the misfortune to find that his own son was suffering from syphilis. However, he had his son treated not with cold water applications, but with mercury.

By the by, one must take exception at the way by which outsiders wish to monopolize "Nature Cure." The curing of disease is always done by Nature. It is effected by the living body of the patient, and the physician can at best assist Nature during the process of cure. If one studies critically the methods and successes of unorthodox healers and the attitude of their patients one comes to the conclusion that every sick individual goes to the doctor not only because he hopes to find in him a man of science and of knowledge, but he looks for something more, he expects something beyond science, such as personality, humanity, kindness, magic. I feel certain that we orthodox medical men are largely responsible for the rise of quackery because we are too proud of our knowledge, because we have neglected the supernatural factors and because



we have been rather medical practitioners than true physicians. To men who are merely medical practitioners, and not true physicians, we owe all the things with which medicine is reproached, such as superfluous operations, medical fashions, among them the insane modern abuse of the subcutaneous syringe, the neglect of the great curative forces of Nature, the brainless treatments with the most recent and frequently quite unproved remedies, medical treatments of human beings based on laboratory experiments made with rats, mice, rabbits, etc.

The patient wishes to find in the doctor a character, a man of eminence, a worker of miracles. Our successes in medicine and in surgery are largely due to the faith of our patients.

As a matter of principle, one ought to ask whether a man like Coué was really nothing but a quack. If one reads his little book, *How to Master Disease by Auto-Suggestion*, of which more than 100,000 copies were sold within a short time, and if one disregards the blatant self-advertisements connected with the Coué propaganda, one finds numerous stories of cures which are thoroughly believable and which are in no way different from similar cures made in different ways by orthodox medical men. Men of science always raise the identical objection. They say that functional disturbances due to some moral or sentimental factor may be cured quite unscientifically by Coué's methods. Coué was an ordinary chemist who had intended to become a doctor and who had to interrupt his studies. Scientists say that auto-suggestion will not cure organic changes such as tuberculosis, ulceration of the legs, etc. But why should auto-suggestion fail in such troubles? Our orthodox medical books and journals are filled with stories of miracle cures of a similar kind, which have been communicated to us by earnest medical men

and scientists and we do not doubt their veracity for a moment.

I would remind my readers of the celebrated case 3 of von Haberer, relating to a patient suffering from exophthalmic goitre who had undergone two thyroid operations without success. Haberer cut away from the patient, who had been declared incurable, a small piece of fatty tissue about the thymus gland, containing perhaps one-fortieth of the thymus substance. Haberer had often warned us by word and in writing never to make an incomplete thymus operation. Still, a great miracle happened. The patient was cured but the cure occupied years. I have described this important case in full detail in the *Deutsche Zeitschrift für Chirurgie*.

I would give a few examples of recent occurrence. A patient suffered from chronic ulceration on both legs. Kümmell made a small operation on one of the legs, whereupon the ulcers of both legs rapidly healed. The same surgeon made a mistaken diagnosis in an asthma case. Believing that the trouble was due to a tumour of the mediastinum he exposed the thyroid gland, doing nothing further. The wound was closed and the asthma disappeared completely. The surgeon Sick had a patient suffering from an ulcer on the leg, as large as one's hand. The trouble had been treated in vain during four weeks by rest, wet compresses, ointments, etc. Desiring to operate, the leg was incised, but it was found that the artery was in a condition forbidding operation. The wound was closed and, strange to say, in a few days the ulcer healed. In two similar cases a small incision in the skin was followed by a prompt cure. During the last few years the dermatological institutes of Königsberg and Zürich have reported in full detail a number of cures of warts exclusively by suggestion. The number and rapidity of these cures is startling.



I find no difference between the cases mentioned which happened to orthodox surgeons and the cases published by Coué. Occasionally the stories are identical practically word by word. In Coué's book we find on page 75 the case of a Mrs. L., who reported : "I suffered from a varicose ulcer on the right foot as large as one's hand. It is completely cured as if by magic." However, there is a great difference described by medical men and by outsiders. Men of science stand before an enigma and they explain it vaguely with much verbiage derived from the Latin and Greek, disguising the complete ignorance of the writer. Coué, on the other hand, explains the process of cure with plain medical commonsense. He points out that sentiments, such as happiness, confidence, hope, are the strongest vitalizing factors and the most potent stimulators of healing and of repair. These facts are known only to physicians, not to medical practitioners.

In view of the arguments advanced, it is only natural that the proportion of cures of organic diseases is small if compared with the proportion of diseases due to functional disturbances. Coué's early death at the age of 67 confirms my argument. One must lay stress on the fact that the methods of Coué and similar proceedings are valuable for fundamentally healthy people who lack an occupation and for innumerable patients who suffer from no diseases except imaginary ones. If men are seriously ill and are threatened with grave organic disease or with death, they will do well to apply to orthodox medical men.

If we compare the teachings of Coué and the teachings of Freud, the celebrated psycho-analyst, we find that both these great healers treated the same class of patients. In both cases we find the same surprising successes. Only the methods of treatment are different. Freud analyses and finds the cause of

the disease in some subconscious factor, with which he deals. Coué disregards the unsavoury facts of sub-consciousness and heals the sick by suggestion and auto-suggestion. Dr. Friedländer tells us in his excellent treatise on Couéism: "It cannot be doubted that Coué acquired a great knowledge of mankind by his power of observation and his strong and serene optimism, and his great personality gave him the personal magnetism, with which he succeeded." Coué himself wisely pointed out that patients could become well only by co-operating with him. Of course the same thing happens in those people who submit themselves to psycho-analysis. If one compares the methods of Coué and of Freud, one is attracted by the fact that Coué did not delve deeply into the rather nauseous sex aspects. I wrote in volume 137 of the *Archiv für Klinische Chirurgie*:

"If those who are interested in psycho-analysis study the writings of Dr. Freud and his disciples, they will realize what I mean when I speak about magic in medicine. Of course in the teachings of Freud there is a great deal of truth. At the same time they are filled with the most incredible exaggerations. They do violence to one's intelligence, and they provoke criticism and condemnation. If one reads Freud's writings on dreams and their meaning and if one reflects about one's own dreams, one is startled by the fact that Freud gives a sex explanation for perfectly innocent dreams. Far-reaching conclusions are based on a few innocent words of the patient. The thing is absolutely childish. Yet we cannot deny that Freud and his disciples have performed extraordinary cures. There is, of course, an explanation for this. Freud lays stress upon subconsciousness and asserts that the subconscious factor is of superlative importance. That may be true now and then, but in many of the cures described there is no explanation except ascribing them to medical magic. The psycho-analyst says to a desperate patient who, let us say, blushes from head to foot for no reason whatever, or who becomes violently sick and vomits when a certain person looks at him: 'You have been treated for years by a number of doctors without success, because none of them has recognized the cause of your trouble. I know the cause. It lies



in the subconscious stratum of your soul whence I shall draw it to the surface and eliminate it and thus I shall cure you in exactly the same way in which I have cured many others.' Perhaps the blushing patient and the vomiting patient might just as easily be cured by a surgical operation on the stomach or on one of the nerves. Whether psycho-analysis or surgical operation proves successful depends in the first place on the personality of the medical man, and in the second place on the prevailing fashion in medical treatment."

I am a physician with heart and soul, but at the same time I am heretic. If I personally was suffering from a dropped stomach or from asthma, I would refuse an operation, even if the foremost surgeons urgently advised it. I would rather undergo Coué treatment. However, I must correct my statement. I should not go to a Coué institute, for my intelligence would prevent me co-operating. Magic impresses only outsiders, but fails if used on other magicians. For that reason psycho-analysis also would not be helpful to me if I were ill.

In the Papyrus of Grenfell and Hunt, there is a saying of Christ which is applicable to all cures effected by magic: "A physician cannot cure those who know him well." The fact that the patient must co-operate with the healer is by no means a new discovery made by Coué. Christ Himself told us that He could cure only those who believed in Him. The same thing is stated again and again by the representatives of psycho-analysis. The critically inclined cannot be cured.

At all ages faith has been a great curative factor. The faithful, the believers, are cured. The believers remain the same, and the only thing which is changed is the object of their belief. A century ago hypochondriacs who were ill because they thought too much of their body flocked to Mesmer, worshipped him and were cured by him in exactly the same way in which nowadays the same kind of people are cured

by Coué and his disciples. Couéism is a fashion and will disappear like so many medical fashions of the past. Freud has discovered a new province in the territory of the human soul and his name will live when most of his methods of curing have been forgotten.

Coué did the same thing that had been done since the beginning of time. He fulfilled the doctor's mission not because of his theories but because of his personality. His actions were of no importance whatever. He gave to his patients a string with twenty knots in it and taught them to touch one knot after the other night and morning and earnestly say: "Every day and in every way I am better and better and better." Coué lived in an age of irreligiousness. Otherwise he might have supplied his patients with the orthodox rosary and have ordered them to drink consecrated water. He would have cured them equally well.

Professor Freud might have cured his patients by replacing psycho-analysis with a decoction of herbs. However, herbs are a little out of fashion. Therefore some electrical appliance or some new machine invented by him might have been used and it would have performed miracles. It is quite obvious that a scientific theory which can stand the test of criticism greatly reinforces the personality of the healer. We can see that in the case of eminent medical men who have great knowledge and who, at the same time, surround themselves with a magical nimbus of mystery.

Supporters of psycho-analysis have attacked me and have declared that I knew nothing about psycho-analysis and had no right to express an opinion on a subject of which I have no personal knowledge. However, personal experience is not all-important. I have written and spoken about appendix operations



although I am still in possession of my appendix. Besides, during my whole working day, whether I am in the consulting-room or in the clinic, my occupation closely resembles that of the psycho-analyst. All day long I endeavour to give courage to the sick, to give confidence and hope to their relatives and friends, and I find that my simple words of sympathy and encouragement often do more good than the activities of doctors who specialize in psycho-analysis. I have sent many of my patients to psycho-analysts and not a few of them came back to me and protested with tears that they could not stand the horrid questions which were addressed to them. Dr. Clauss wrote in his book *Race and Soul* :

“ A lady from the North, desiring psychological treatment, went to a psycho-analyst recommended to her. After submitting for a time to his interrogation, she rose in silent indignation and left his consulting-room.”

I have often discussed medical matters with psycho-analysts and I have always found that there was a point where we could not agree. I always maintain that the patients cured by psycho-analysts are those unhappy beings who have never been able to find a doctor who sympathized with them. Such patients wander from one doctor to the other and are treated with some casual phrases and some equally casual prescriptions. No one seems to take an interest in them. At last they come to a psycho-analyst, enter his consulting-room, and they are told : “ I am sorry for your trouble. At the moment I have not sufficient time to go into your case, but if you will kindly come back to-morrow night at six o'clock I shall be able to devote to you two full hours.” In my opinion the principal cause of the success of psycho-analysts lies in their taking a truly human interest in their cases and showing a great deal of

sympathy with their patients, sympathy which they have not received before. Such patients require a physician who has sufficient time to consider all the details and to participate in the patient's feelings and complaints. I recognize Freud's merits in studying the human soul, but I differ from him in my explanation as to the methods by which he has effected his cures.

Many have attacked me because of my sympathetic attitude towards Couéism. I have been reproached for having approved of an absolutely unscientific method of treatment. It may be that Couéism is ridiculously unscientific. I do not mind that reproach. I am only interested in cure, and Couéism does cure at times. Curiously enough I read a little while ago two articles by Dr. Brauchle : "Mass suggestion as an introduction into the art of auto-suggestion as practised by Coué," published by the Hydro-Therapeutic Institute of the Berlin University. The learned author tells us that he had been suffering from an intractable disease of stomach and bowel for which he had been treated in vain by the surgical removal of appendix and gall bladder. Then he underwent Coué treatment, and was cured two years ago and has remained cured. Every week an hour is devoted to Coué treatment at the Hydro-Therapeutic Institute. From 30 to 50 patients attend. In the course of a year 350 patients were treated and cures were effected not only in diseases due to nervous or moral disturbances but also organic diseases were favourably influenced. The writer believes that the Coué treatment is superior to hypnosis, both for individual and for mass treatment of patients, and he is willing to submit a patient to the painful experience of a prolonged psycho-analysis, as practised by Freud, only if no cure can be effected by suggestion and by physical methods of treatment.



It appears that at one of the official temples of scientific medicine, treatments are given which are described as "gross quackery" if they are practised by outsiders. At the Berlin Institute mentioned, it is apparently not considered a misdemeanour or a crime to cure sick people by methods which are usually stigmatized as "unscientific."

Those who criticize Couéism should always remember that it would never have arisen if scientific medicine had condescended to take an interest in psycho-therapeutic questions before its founder had made this system of treatment known. There would be no room for quacks if we medical men were more broad-minded and explored every avenue leading to the cure of sick people.

We doctors reproach quacks for being uncritical and ascribing to their own action many cures which would have occurred in any case by the unassisted working of Nature. But are we entitled to throw stones at others? If we read our professional journals, one is horrified at the lack of discrimination with which new methods of treatment are recommended. Professor Bier wrote: "Those who wish to treat patients must be optimists." I entirely agree, but I would point out that thorough-going optimists rarely are distinguished for their critical intelligence. All great healers have suffered from lack of self-criticism. Freud is one of them. He was enmeshed by his theories instead of standing above them.

Many psycho-analysts have made a huge income, but we cannot reproach Freud for their financial success. It is the old curse of the art of healing that one finds in the temples devoted to health, both physicians and mere medical practitioners, high priests of health and traffickers in human misery.

I like about Coué, if we compare him with Freud, the simplicity and clearness of his publications. A

learned medical man finds it difficult to express his views in any way, except in bulky volumes. Besides, he finds it necessary to clothe his ideas in a mass of obscure words derived from Latin and Greek, using a style which is almost unreadable.

Coué was wrong in asserting that he had made a new discovery. Couéism has existed since the world began. All the great founders of religion, all prophets and saints and the anointed kings of England and France, as well as all great physicians, have performed innumerable miracle cures. The miraculous is the principal factor in the success of the physician, whether he admits the miracle or whether he denies the existence of the miraculous because he happens to be a devotee of exact science. I have never depreciated the value of the miraculous, but I am opposed to those who deny the miraculous in treatment and who are foolish and short-sighted enough to explain everyday miracles as due to purely scientific causes.

We doctors are animated by a great deal of scientific pride. Yet we cannot rid ourselves of the magic of the supernatural, unless we are willing to diminish our ability to help the sick. Of course the influence of the miraculous is more powerful among laymen than it is among medical men. Magic has an extraordinary influence over the public, and not only over those who live for their health. Some years ago I was drinking wine in a modest inn in Gastein and met an elderly gentleman, a well-known architect. We chatted about many things. I thought that the architect was about 60 years old judging by his general appearance, youthful attitude, wealth of hair, etc. To my surprise he told me that he was 79 and that he had noticed no diminution in his physical and mental powers. I congratulated him and told him that, as a doctor, I imagined that he would enjoy many more years of good health if he continued living a



plain natural life, as I supposed he had always done. The gentleman did not agree with me that his health, strength and appearance were due to his leading a natural life. He told me that he had taken the waters at Gastein for twelve years, but that the most important factor in preserving his health consisted in his pills, which he took quite regularly. Saying this he showed me a pocket-case filled with a large number of bottles containing pills of various colours, all kept in excellent order, and all intended for regular use.

Of course all of us like to carry with us amulets of some kind or other in the form of pills or some other form. Such amulets are exceedingly important, although the men of science may smile and criticize. I have known many physicians and many leaders of science who carried amulets of some kind or other with them through life. One man hopes to maintain his health with physical jerks, another swallows pills, a third uses a subcutaneous syringe. Amulets are like words derived from foreign languages. We doctors laugh at the gibberish of chemistry and other sciences, but we believe medical gibberish to be natural and inevitable. The highest development of the health amulet mania I found in the most enlightened of countries, in the United States, in the form of an incredible number of health foods, patent medicines, health exercises, etc. Almost every American has an amulet of his own, a health system to which he is devoted. Yet many of the things done for the sake of health are undoubtedly dangerous to health, such as the exaggerated methods of deep breathing which, however, may prove valuable because of the faith of those who practise it.

Patients ask me almost every day whether I believe in certain tissue remedies, certain advertised salts, etc., and whether they are good. I usually reply: "These preparations are undoubtedly of great value

to those who sell them and they may be of value to those who use them as long as they have faith in their virtue." We doctors would be crippled in our activities if we did not make use of the imagination of our patients, and we are not acting quite honestly if we condemn as quackery all the remedies recommended by laymen while declaring our own drugs to be "absolutely scientific." After all, the use of homœopathic sugar pills and simple salts is infinitely less risky than the unnecessary excision of appendices, the surgical fixation of dropped stomachs and the injection of powerful drugs into the blood and tissues. Being a physician, I have to take good care that my treatments of disease are not worse than is the real, or the imaginary, disease.

Unfortunately many of the remedies with which science has furnished us are often more dangerous than the disease itself. I would give two examples. A few years ago scientists recommended the excision of the suprarenal glands for the treatment of epileptics, basing their recommendation upon animal experiments and scientific conclusions based on them. We all know the lamentable consequences of these attempts at treatment. We have had no cures, short-lived improvement in a few cases, which need not have been due to the operation, and a considerable number of deaths caused by it. No one recommends nowadays this form of treatment.

Now let us look at an example of quackery. In the centre of Germany a certain form of animal ash, Magpie ash, has been used by folk medicine for centuries in the treatment of epilepsy. I do not know whether Magpie ash has ever cured epilepsy. I personally doubt that there have been cures. Still, I am perfectly sure that the use of Magpie ash is less dangerous than the excision of the suprarenal glands. The quack treatment will never be followed



by death. Besides, the results of Magpie ash treatment cannot possibly be worse than the operative treatment mentioned, for the operative treatment has yielded no benefit whatever. Lastly, if Magpie ash should at all be likely to be curative of epilepsy, I would not hesitate a moment and would prescribe it without regard as to whether that treatment was scientifically sound or unsound.

Operative treatment for bronchial asthma is risky and occasionally causes death, as I have mentioned on a preceding page.

If we compare scientific treatment with quack treatment we find cases such as the following : Several trustworthy doctors have drawn my attention to a pastor in the Rhenish Province, who is supposed to be able to cure asthma sufferers by certain breathing exercises and by kindly encouragement. In other words, he cures by suggestion, in order to use a scientific term. His treatment is recommended by the fact that he takes no money for it. Being a medical man and at the same time a heretic, I should prefer for myself and for my patient the riskless treatment of the pastor even though given by a layman.

In my opinion the attempt to fight quackery by legislative action is hopeless. I have the highest respect for German legislation and for the German bureaucracy. However, confidence, gratitude and other affections can neither be supplied to order nor can they be forbidden by law. The attempt to suppress quackery would have an effect entirely opposite to the effect desired. The Senate of Danzig recently expelled from the town a quack practising iridiagnosis and using herbal medicines. The consequence of that measure was a passionate discussion in the press, general excitement, questions addressed to the Government and a discussion in the local Parliament. The detailed explanations why that step was taken, such

as the use of dirty instruments by the quack, his inability to recognize infectious diseases and thereby endangering the health of the community, etc., proved ineffective. Parties were formed in Parliament and outside it, praising the quack and pretending to speak in the name of hundreds, or thousands, of grateful patients whom he had cured. The quack got the best advertisement of his life. After his expulsion he settled down on the other side of the Danzig frontier and became a great celebrity. The masses come to him in ever-increasing numbers and lately a 'bus service has been arranged to bring patients to the quack and back again. We should not consider such a case as exceptional. Similar things happen frequently, and if the practice of medicine on the part of the unqualified should be forbidden, we should witness similar scenes every day.

Those doctors who advocate the prohibition of quackery, believing that appropriate legislation with this end in view would have the happiest results for the health of the people and for the medical profession, overlook in my opinion the fact that a strong religious sentiment animates many medical sects and many of the sects devoted to some form of quackery or other. I frequently have had opportunities to discuss with men and women of all classes the Mazdaznan doctrine of medicine in which they believe. The writings in which that doctrine is discussed make one's hair stand on end. They are chiefly nonsense. However, they are proclaimed with the faith of inspiration. I do not believe that one can suppress by law religions clothed in a medical garb. The French Revolution attempted in vain to enthrone the Goddess of Reason, and in modern Russia the great attack of Atheism upon religion was broken when it met the rock of faith of the faithful.

Religious faith may be found in orthodox medi-



cine as well. Two years ago I happened to attend a congress held by psycho-analysts. Previously I had read much about their doctrines. Still I was surprised beyond measure. What I heard was no longer science, but religion, blind faith. The great principles of psycho-analysis were treated with veneration as if they were dogmas, and their exponents talked as if they were infallible. They spoke the language of the inspired and the initiated, behaving like priests do in church at divine service.

Now I must make a statement which may surprise some of my readers. I would say that there is a religious foundation for all medical activities and that there must be a basis of faith for them. Medicine is crippled without these helps. Under these circumstances I doubt that it is the task of the doctor to make war upon "disguised religions." Some time ago I was visited by an excellent physician who practises in a small town, a convinced Socialist, a man of high intelligence. We chatted together during an hour. We had a delightful time. At the end of our conversation I asked my colleague: "Why have you come to Danzig?" He replied: "I have come to give an address to the working people. I mean to speak on Atheism and to urge them to give up their religion." We had been in complete harmony up to this point, but this remark made it impossible for me to accompany him any further. I told him that neither as a man nor as a doctor I could approve of his intentions, that only a few human beings, the very elect, could exist in the rarified atmosphere of pure reason, that we ordinary men required something to warm our hearts, that religion was indispensable to our sentimental side.

Quackery may wear the cloak of religion. However, I believe that it is not only hopeless but is a mistake to make war upon religions in disguise. I am prepared

to be criticized for treating quackery so gently. Of course I am aware that I should be called a man of science if I praised psycho-analysis which is another religion in disguise. People may call me a mystic because I think that the masses require religious mystery, but I do not mind their calling me names.

From many letters which I have received it appears that Germany is almost the only country, except England and two Swiss cantons, enjoying liberty of medical treatment. However, I am aware that in countries where there is no such freedom, such as the United States, quackery is particularly widespread.

Although I am tolerant towards medical treatment on the part of laymen I must make an exception with regard to sexual diseases. The average patient, suffering from an ordinary complaint, may safely entrust his body to a quack. That is only his own personal concern. It is a very different matter if a patient suffers from an infectious sexual disease and if incompetent treatment of that patient causes its being spread among numerous innocent beings. In this respect, I think, legal intervention is called for.

In some quarters the opinion prevails that unauthorized treatment should be combated by enlightening the people with regard to the maintenance of health. We are told that the people would surely recognize who are their true friends and who are the true healers if they were given by doctors the information they require. I am afraid I cannot agree. Popular enlightenment on health and disease will not protect the people against quackery and is useless for combating quackery. Popular enlightenment is only effective in producing disease and imaginary disease. I wrote some time ago an article in the *Münchener Medizinische Wochenschrift*, in which I stated :

“The latest and a highly commended measure to promote disease and imaginary disease throughout the country consists



in the idea of spreading medical knowledge among the masses of the people. I am, of course, in favour of teaching the masses the great facts of Nature, to acquaint people with the organization and functioning of the human body. Every day we doctors see patients who, even if highly educated, show an abysmal ignorance of the elementary facts of life. Many educated patients are fully informed on the atomic theory, the social organization of the Eskimos, and such-like things, but they know nothing about the construction and functioning of their own bodies. However, it is doubtful whether people are benefited by enlightening them in medical matters.

“Our own experience should warn us against such tuition. Medical students are given descriptions of all diseases and their symptoms, and the majority of them promptly discover in themselves the very symptoms of the various diseases which are being discussed. Herein lies the reason that our most intractable patients are hospital nurses and other attendants to the sick, chemists and medical men themselves. Besides, the possession of a smattering of medical knowledge interferes with the relations existing between doctor and patient, diminishes the faith which patients have in their doctors, robs the medical profession of that mystery which constitutes its prestige. In the course of a long life and from the observations and lectures of others, I have learned that the enlightenment of the people on matters of health and disease creates neurasthenia among those whom we wish to benefit and causes slight functional disturbances of no importance to be magnified by those suffering from them into actual, serious and dangerous diseases.

“I think I may say that I am well acquainted with the plain ordinary people. I myself have come from peasant stock. When I was a young man, I made use of my holidays to act as *locum tenens* to doctors practising in small towns and villages. That occupation is extremely advantageous to young doctors and specialists. While working in the country, I went fishing with fishermen, went shooting with the common people, stayed as a guest at the houses of peasants and artisans, and I have tramped on foot through the wilds of all Germany. Thus I have become thoroughly acquainted with the broad masses of the common people and I am amazed when I see the information which is offered to the masses of the people in the form of ‘popular lectures.’ I have seen advertisements of popular lectures discussing the abstruse philosophy of Constantin Brunner, lectures comparing the Book of Job and Goethe’s Faust, etc., and such high-brow information is

actually offered to poor working people who only too often have no roof to shelter them and who do not know how to provide dry bread for their families. I myself have often attended such popular lectures and have looked around among the audience, but I have never found on the seats around me real working men and women but only educated people, for whom these lectures were not intended and who could have obtained quite easily elsewhere the information offered. The entire agitation in favour of informing the common people on scientific matters is due either to vanity or to self-deception. It amuses me to see that well-meaning people can be so estranged from life as to hope to interest the masses of the poor by talking to them on subjects which do not interest them in the least and which they cannot grasp."

The great historian Treitschke wrote in 1874 in *Socialism and Its Patrons* :

"We ought to act in accordance with Luther's principle that it is better to do a few things and to do them well than do a great many things and do them badly. Lately it has become the fashion to give lectures to manual workers on spectrum analysis, on the political reform in Japan, on the Empire of the Aztecs, etc., and to inform them very superficially on every conceivable subject. By shallow information we destroy the peace of mind of the workers and peace and harmony in the community. Half education makes shameless those who receive it. It destroys the respect for existing institutions, without enabling the half-educated to acquire the awe of Nature and of true greatness which educated thinking men acquire in considering the logic and reasonableness of historically created institutions."

The Russian author Gogol wrote nearly 100 years ago in his great novel *Dead Souls* :

"The representatives of the Intelligentsia are discussing eagerly how the Russian peasants should be enlightened. They should not worry themselves about their enlightenment and education. Let the poor peasants become opulent by our teaching them to become good agriculturists. Capable and opulent tillers of the soil will soon see to it that they get a good education."

I would like to show by a few examples that popular enlightenment on matters of health and disease is apt



to create real and imaginary disease. A few years ago a celebrated physician who was at the same time a great scientist delivered a public lecture, entitled: "Is Cancer Curable?" It made a great impression. During several weeks following the lecture I was consulted by dozens of perfectly healthy people who were afraid that they might be suffering from cancer. I did not always find it easy to re-establish the equilibrium and the peace of mind of those unfortunate people who had been thrown off their balance by the lecture. Far too many left my consulting-room, doubting whether I had told them the truth. Only too many of them had received a deep and serious injury by that lecture. Of course many of the audience may have been stirred up and may have been induced to consult their physician in time regarding some growth, possibly cancerous, in its early stage. However, I fear that lectures on cancer, tuberculosis, etc., create a veritable devastation in the minds of the impressionable and that the advantage of medical information is far more than counterbalanced by the harm done. Medical men practising in Eastern Prussia have informed me that popular addresses on cancer of the uterus have caused a great panic among the women in general. A smattering of medical knowledge supplied by medical men is dangerous. A little knowledge is a dangerous thing, as the proverb says. Laymen interested in their health can always get popular information from encyclopædias and similar literature.

I can never forget my experiences as a young assistant at a hospital in Western Germany. I was acting at that institution twenty-five years ago and it was fashionable to attend first-aid courses. Hundreds of young men and women were trained to give first aid in case of accidents. We doctors were frequently called up over the telephone during the day and during

the night from the Clinic, and were informed that a man with such-and-such injury had arrived, that we should come at once because he was bleeding profusely. We had learned to act like automata and to reply invariably to the sister-in-charge: "Immediately take off the bandages." When we arrived, we found always the identical condition of affairs. The patient had been bandaged with the help of a rubber bandage which had been put on so loosely that it did not stop the bleeding but caused bleeding to become more profuse and as soon as the bandage was taken off, bleeding came to an end. I always remember these amateurishly applied bandages when patients in my consulting-room display to me their medical knowledge derived from popular lectures. I also am aware of the great mischief which has been done by popular medical books.

I have already stated that I think it useful and necessary to spread practical scientific knowledge of natural facts and processes. With regard to popular information, I demand that it should concentrate upon informing people on the maintenance of health and the prevention of disease but should not inform people on the details of diseases themselves and their treatment, for that teaching creates disease by suggestion.

Popular enlightenment should not be undertaken in the way officially recommended with banners, music, theatrical performances, films, lectures, etc. That would mean treating the serious question of health maintenance as an amusement. "Health Weeks" organized in this way will, I hope, not be continued. Dr. Adam wrote about the shortsightedness of a few doctors who had opposed the organization of health weeks. However, I prefer belonging to the small minority of opponents to this mistaken form of propaganda than to belong to the crowd of doctors



approving of it. Dr. Adam forgets that the majority of German doctors have become absolutely dependent upon the national and local authorities, insurance organizations, etc., so that they do no longer enjoy personal and intellectual liberty. If one talks privately with a doctor who has taken part in one of these health weeks, one may hear the truth, and the truth may not be liked by the official organizers. A medical man wrote to me :

“I have been delighted with your criticism of the ‘German Health Week.’ You have put into words what most of us doctors feel. Only a few of us are in favour of the welfare movement with which we have been plagued for nearly a decade. Those who approve of the welfare agitation are chiefly men who are in the pay of the Government or of the local authorities and men who wish to make a good impression upon those who can bestow official recognition, salaries, etc. We poor devils of doctors could not help ourselves and had to take part in the organized movement. The Ministry of Health had given orders that a special campaign should be undertaken against flies and we doctors were to give lectures to the peasants and to introduce them at the same time to the facts of what is called social hygiene. At last the worm has turned. A great many doctors have taken no notice of these directions. I was one of them. I should be grateful if your book would cause the authorities to leave us doctors in peace.”

Another doctor wrote to me from Pirmasens about the German Health Week :

“In April we were told about the German Health Week and its propaganda in favour of what is called social hygiene. In this district the thing was organized by the local representative of the Reichstag. The propaganda was handled on American lines. There were great processions through the streets in which all the schoolchildren had to take part: flags, posters, festivities for children, great gymnastic performances in the open, theatrical performances advocating hygiene, hygienic lectures, hygienic films, hygienic window dressing by the shopkeepers, hygienic articles in the press, etc. The sick insurance organization of Pirmasens refused to take part because local economic conditions were deplorable,

the number of the enemployed was unprecedented, and the senseless festivities would have been an insult to the hard-working unemployed and the starving poor. This gigantic propaganda cost millions, and in view of the terrible economic condition of the country a vast and a purely fanciful agitation would have been uncalled for. The money spent might have been used more advantageously in other ways. The authorities tried to overwhelm the public with hygienic propaganda in the minimum of time, and if this intensive propaganda had really led to enlightenment of the people it would not have been possible to act in accordance with the knowledge received because means are lacking. One cannot reform housing conditions without a gigantic expenditure. What practical use is derived from teaching the people the facts relating to the value of personal hygiene, cleanliness, the advantage of plenty of air, light and sunshine if the great majority of the people are compelled by necessity to live in unhygienic conditions? One might as well try to help a starving man by showing him the outside of shops filled with the most attractive foods."

The people of Danzig refused to take part in the German Health Week. However, I saw something of the propaganda in the neighbouring towns of Elbing and Königsberg. I saw, for instance, in the window of a bookshop plaster models of the human body and its organs, books with illustrations of the human body, etc. A crowd of people was pressing around the window and one could see the impression made upon the people by their conversation. They seemed particularly interested in those unsavoury matters which should rarely be discussed by grown-ups and never by the youthful.

A short time ago the German Society for Combating Venereal Disease showed in Danzig a film entitled "The Woman's Crusade." According to the newspapers the most terrible scenes which should have deeply moved every thinking human being were greeted with roars of laughter. I would recommend all German doctors, and particularly those interested in social hygiene, to read the book *Dr. Arrowsmith*, by



Sinclair Lewis, which condemns the hygienic enlightenment of the people in America. Possibly Sinclair Lewis has exaggerated matters. However, it seems to me that we in Germany are drifting towards a similar state of affairs.

There are many disadvantages in all these public discussions and also in the medical reports in the daily press. That was lately pointed out by Dr. Diepgen in his article "The Profanation of the Medical Profession." It ought to be read by every doctor. The writer fears, and I think rightly, that the shallow knowledge of medical matters given by well-meaning people to the uneducated leads to their imagining that they understand medical matters better than their doctors and that it creates in them an attitude of mind which causes them to treat medical knowledge and ability with contempt and thus leads to the degradation of the medical profession as a whole.

As a medical man I cannot free myself from the following train of thought. We healthy people are not aware that we have a heart, stomach, two lungs, two kidneys, etc. All these organs act automatically, and everything is in perfect harmony. Now let us think of the numerous unfortunate creatures who are possessed of perfectly healthy and normal organs but who are continually depressed by the sensation that something about these organs is wrong. They watch with fear and trembling the action of their heart, the throbbing of their arteries, the activity of their lungs, the work done by the stomach, etc., and they discover almost every day an abnormality which they believe to be a sign of serious disease and are upset by their discovery. It is far better to suffer from a real organic disease, even of a disease requiring surgical intervention, than to be permanently plagued with such a frame of mind.

No experience is more valuable than the experience

which one has made oneself. One of my most precious possessions is the ability to sleep well. As soon as I go to bed I am in the land of dreams and return to reality only after a solid sleep of eight or nine hours. Some time ago an evil inspiration caused me to read a little book, *How to Sleep Well*, written by U. J. Kruse, which had been warmly recommended to me by various people. I was informed in full detail about the best way to secure good sleep. The body was to be given the correct weight, it was to be placed in the correct attitude for sleeping, breathing in bed before going to sleep was to be carefully regulated, etc. His arguments seemed extremely convincing and practical. The only disadvantage was that, when I turned off the light, healthy normal sleep would not come. Instead of sinking into bed like a baby and dropping off to sleep without being conscious of the how and why, I tried to regulate matters with my brain, observing myself, regulating carefully my posture, breathing, etc., in accordance with Kruse's advice. I regained my old sleeping capacity only after weeks when I had forgotten the very convincing and very scientific directions how to manage things. I suppose the health of many people may similarly be influenced by suggestion. The attempt to replace our healthy inborn instincts by so-called scientific knowledge leads far more frequently to loss of health than to physical benefit.

I have frequently made the following observation. If I happen to operate on a patient because of appendicitis or cancer, I am quite sure that during the next few days some of the patient's relatives will visit me because they fear that they also are suffering from appendicitis or cancer. Besides, if a well-known public man, such as President Ebert, or Herr Carlson, the owner of the well-known Schichau Shipbuilding Works, dies of appendicitis, one is consulted for days by



numerous people who have diagnosed in themselves the existence of an inflamed appendix. The attention of healthy people possessed of an impressionable nervous temperament is suddenly directed towards a certain organ of their body, and nervous observation of that organ creates in or about that organ sensations of morbid developments. Their trouble is purely nervous and doctors do not always find it an easy task to get into order a patient who has been thrown off his mental balance in this way. Doctors who give scientific lectures in popular style to audiences of laymen often do mischief in the way described. We should not deprive the people of the joy of unconscious health. We are frequently converting them into victims of hysteria and of hypochondriasis. That is seen only too often.

A true understanding of biological development can be obtained only by laborious work done for years. Hence such knowledge can be obtained only by the few. The attempt to spread medical knowledge among the generality provides that little knowledge which is a dangerous thing. Of late years it happens not infrequently to me that a patient consulting me, instead of answering my questions, pulls out a big popular volume on medicine and tries to question me on what he supposes is his disease in order to make sure that I am really fully informed on the possibilities and the correct treatment of his trouble. This is one of the consequences of spreading medical knowledge among laymen.

Let us go back for a moment to the German Health Week. I have not the slightest objection to popular festivals. On the contrary, I think festivities and diversions of every kind are valuable and indispensable for our physical and mental health. They are particularly valuable in view of the hard and terrible times through which Germany has been passing since 1914.

I entirely agree with the great physician Sydenham, who wrote : " The arrival of a good clown in a village is infinitely more valuable for the health of the inhabitants than the arrival of twenty donkeys laden with drugs." There are many simple and inexpensive festivities with which one can amuse the people. The money spent on doubtful health propaganda should be used for giving work to the unemployed and some entertainment might be added. The bureaucrats who devised the German Health Week should certainly be pensioned off.

It is particularly easy to give pleasure to the young. For instance, children of 6 years have to be at school at seven o'clock in the morning and must therefore get up at six. One can give them cheaply a great deal of pleasure by starting school at eight and thus giving them an additional hour of sleep. Besides, the school age might be advanced from the sixth year to the seventh year, as is done in Poland and elsewhere. A great deal of pleasure and happiness might be given to the young by throwing overboard much of the ballast with which we are burdening their brains. It is quite unnecessary that girls 13 years old should study Euclid. I know excellent wives and mothers who have not the slightest knowledge of algebra. The youngsters of the growing generations are taught as if all of them were to become scientists, or rather scientific specialists. It would be better to simplify school education, educate the boys to manliness and leave intensified specialized studies to after-school training.

Scores of useful suggestions which have the advantage of simplicity may be added to my proposals. A healthy body and a healthy mind are a far better safeguard against disease than popular-scientific enlightenment accompanied by the waving of flags, films, music, etc. Happiness is a most important health-promoting



factor, but I am afraid that official rules and regulations are more likely to create a frame of mind opposed to happiness. We should be infinitely happier and healthier if our well-meaning governments and legislatures would not unceasingly perturb us by orders and directions devised for our good.

The German Health Week was apparently largely organized in the hope of suppressing quackery. However, the struggle against quackery cannot be carried on much longer in the way followed hitherto. It is bound to lead to failure. We can combat quackery only by giving back to the medical profession its old pride and dignity. Doctors should not treat patients free of charge. Quacks are not so foolish to do this. But if we wish to treat patients gratuitously, we should favour only the poor who come to us and ask for gratuitous treatment. We acted thus in the past. It is a mistake for doctors to run after patients and to endeavour to restore them to health by force and largely against their will, as we are trying at present.

It cannot be maintained that we doctors have found appreciation and esteem by our running after people, urging them to keep or restore their health and teaching them the laws of health in popular articles and popular lectures. On the contrary. Never before has there been so little affection and respect for medical men among the people as there is at present. I know, of course, that at all times patients and their relatives are inclined to ascribe a successful cure not to the doctor's activity but to the good constitution of the patient, while failure is usually attributed to the shortcomings of the medical man. Still, at no previous time has there been so much ingratitude shown to the medical profession as during the period of medical enlightenment among the people. The growing distrust of medical men may be seen by the disappearance of the family physician who formerly attended the same

family for decades. Many patients nowadays change their doctor as readily as they change their shirt, and almost as frequently.

My ideas about the relations which ought to exist between medical men and their patients are perhaps original. If a patient has to choose between me and the quack and if he prefers being attended by a quack, I am firmly convinced that the losing party is the patient himself. We doctors should shun propaganda by film and wireless and such-like publicity. Our reputation and prestige should be based on our ability to cure. The true physician need never fear the competition of the quack. It is true that in rare cases the quack is at the same time a physician. However, we are physicians and at the same time men of science and knowledge. Of course there is something greater than knowledge and science, namely, wisdom, which is found only in truly great physicians and it is the gift of God.



## CHAPTER XII

### CONCLUSION

MY readers who have had sufficient time and patience to follow me will probably say to themselves : “ Yes, Dr. Liek, I am sure your views are largely correct, but you exaggerate matters. You have an inclination to look rather at the dark side of things than at the light side. There are pessimists wherever we look. There are pessimists in politics and in economics. There have been pessimists like you at all times who have lauded the things of the past. Yet, progress has continued all the same, disregarding their opposition and their criticisms. Besides, criticism is barren. It is your business to show us how you would manage things and to prove that you could do better.”

Shallow men readily proclaim that criticism is barren. That is an expression which should be used with caution and we should remember the saying that doubt is the father of progress. The great Lessing has told us that “ although discussion has never established a truth, it cannot be doubted that truth gains the victory in every discussion,” while Mayer-Graefe has told us : “ As long as criticism is considered unscientific, progress in science itself is arrested and impartiality and neutrality may do harm by denying active support when active support is needed.”

My arguments and my proposals are extremely simple. I demand that the physician should consider the nature of his task and should openly proclaim

his faith in his mission. This book has not been written for true physicians in the full meaning of the word. They require neither admonition nor criticism. The things I have discussed are not new to them. This book has been written for the great majority of medical men of unsettled views who occupy a position midway between the physician and the medical practitioner. They are men who have it in them to be true physicians, who somehow cannot get out of themselves and out of their daily routine. All those who are animated by the ideas and ideals which should inspire the true physician will easily solve all the questions and doubts which I have discussed in these pages. I mean to illustrate this by means of a few examples. The true physician should have a wide and high-minded view of life. The character and usefulness of a medical man and his relations to the sick do not depend upon his philosophical, religious or political opinions. There have been true physicians at all times, among all nations, among all creeds and belonging to all political parties. They were men who recognized that their principal task consists in curing the sick and suffering. I think my readers will understand why I have repeatedly attacked the mechanistic and purely materialistic views of our leading surgeons. The purely mechanistic activities of surgery have undoubtedly led to immeasurable progress in the art and science of surgery, but there have been undesirable consequences as well. These mechanistic ideas are dangerous by circumscribing the views of medical men and they may do harm to the suffering, and I have proved this by numerous examples.

Of course we are justified in explaining life and the processes of life as far as possible from the purely mechanistic point of view. However, we must remember that there are many facts and occurrences within us and without, which cannot be explained from the



mechanistic point of view. The great pathologist, Professor Krehl, wrote : " I am afraid of those physicians who are not filled with awe and admiration when contemplating the working of Nature." I can endorse this statement, but I would replace the word physicians by medical practitioners.

Behind and beyond the things which we can understand with our fallible senses, there is something un-understandable and unfathomable. We may call that mysterious something God, Nature, Providence, Vital Force, but however we call it, we can only use names, mere words for the mystery of mysteries. If we recognize the existence of this great something beyond human recognition, we become aware of our insufficiency and look upon Nature with that modesty which is completely lacking among the demi-gods of medicine. Dr. F. M. Lehmann wrote : " Awe of the wonderful working of Nature should be the doctor's religion and the sum and substance of his wisdom." The great Lord Lister once said : " We medical men treat only the shell of the immortal soul, the fleshly temple which contains the immortal spirit." Dr. Sauerbruch stated : " To be a medical man means to serve humanity. We can recognize the true physician by the fact that his work is his religion."

It is impossible to explain life by purely physical and chemical notions. There is something beyond the narrow views of physicists and chemists. We medical men see every day the immense influence exercised by spiritual and mental factors. We learn that these factors may kill and may cure. The physician must explore and exploit the territory unknown to the man of science. His personality cannot be replaced by any scientific discoveries, inventions and innovations. Among distinguished scientists themselves the recognition is growing stronger that the unknown and the unknowable factors are all-important.

Every true physician should remember the words of the great Wunderlich : "The history of medicine is the history of human error," and the wonderful phrase of Carlyle : "Every thought which deserves to be called a thought had its origin in love, and there has never been a great mind unless he had a great heart."

The doctor's training is all-important. It is true a good physician must be a born physician. Still, many men are born with capacities which may be mightily developed by wise training and which may be stunted by neglect. It follows that one must demand that the education of the physicians of the future should be entrusted to true physicians, not to medical practitioners. Martin Mendelsohn published in 1893 an excellent book, *Medical Art and Medical Science*, which I discovered only a few days ago, and which expresses views similar to my own. He wrote on page 24 : "We are no longer training physicians but only scientific practitioners." The position has not changed since the year 1893.

In Chapter IV of this book I have pointed out that a professor teaching students finds it far more difficult to remain a physician than a medical man in everyday practice. Being engrossed in scientific investigation and tuition, he loses the point of view of the medical man who meets his patients every day. When I remember the years of my youth, I recollect very distinctly that I, as a mere beginner, recognized quite clearly the difference of the two medical types. I was always aware who of my teachers was a physician and who was a mere practitioner.

Scientific eminence is bound to remain of decisive importance in the selection of professors. However, the qualifications of a teacher of medicine and surgery do not depend merely on the quantity of printed paper published by him. The teacher must be a man of character, a personality, and must be a model physician.



Medical science and medical progress need not suffer if appointments are made from this point of view. That may be seen from the history of medicine.

I have written this book largely because I have felt for a long time that the so-called leaders of the medical profession have frequently failed completely. I have often listened to lectures and proposals made at medical congresses and elsewhere which violated the true spirit and the very instincts of the physician, and when I glanced at the front rows of the audience where our leaders were sitting, I found them listening with indifference. They ought to have jumped up and protested.

It would lead too far to consider in this book all the details which require attention if the study of the medical science and art is to be reformed. Besides, able men, such as Flexner and Prinzhorn, have discussed this subject. A great professor of ophthalmology, for whom I have the highest admiration, complained to me that I did not seem to appreciate the necessity of specialist technical training. I replied to him :

“ It has never been the aim of my book to discuss the obvious and the self-evident. Being myself a physician and a specialist in surgery, it seemed superfluous to me to lay more stress on the scientific and technical training than I have done in these pages. It was my aim to show that science and technique are not all-sufficient, that the true physician must not only possess technique and science but something greater than these, and that is personality. We find only too often that medical students who have successfully passed their examinations showing their technical and scientific qualifications, are desperately ignorant of the art of healing.”

Medicine and science must go hand-in-hand. Those who assert that medical men despise science, wrong us and wrong us deliberately. If there are differences between men of science and physicians, the fault lies on both sides. Unfortunately science only too often

gives us doctors a stone when we ask for bread, and the scientist in his laboratory presumes to dictate to the bedside physician in cases which are understandable only to the physician.

We doctors are largely responsible for the differences which have arisen between science and medicine. We were foolish enough to bow deeply before science which only too often was pseudo science. We readily discarded the warnings of our intelligence and of our experience if a young professor contradicted us with what we thought were words of wisdom and knowledge. We forgot, or denied, our mission. We discarded, or lost, our self-esteem. All this must be changed. Physicists, chemists and others may observe, count, measure things with instruments of the greatest perfection, but they can never replace the personality of the true physician, his relations to the sick and the indescribable something which enables a true healer of men to bring harmony into a disturbed constitution by those intellectual or moral influences, which cannot be scientifically measured. It is admitted that science has supplied us doctors with many valuable and effective weapons with which we fight disease, but it has also supplied us with weapons which have proved valueless and which have injured our patients. Practice is better than theory. The sick should not be hurt by methods devised by scientists and insufficiently proved. We doctors ought to decide which of the results and methods of science are useful in diagnosing and treating disease.

It is a mistake to believe that science flourishes only in laboratories. It is cultivated at the sick bed as well. Our daily observations of the sick are true science, are true knowledge. Those who are filled with pride by their abstract scientific knowledge must be opposed by medical men of practical experience. Scientists and physicians should work hand-in-hand.



Great scientists and great healers are divinely inspired and many of them have been at the same time great scientists and great physicians. We should cultivate both qualities simultaneously.

Unfortunately there are in the ranks of the doctors many able men who observe an attitude of servile submissiveness and humility towards what is called science. Such men only too often adore false gods. They should remember two things. They should remember that the scientific sky, though filled with stars, contains only a few of the first magnitude. Besides, they should remember my advice that the writings of great scientists ought to be translated from an un-understandable jargon into plain language. The labour involved would amply repay them, for plain language would open their eyes to the fact that behind the imposing cloak of learned verbiage there is nothing of practical utility to the physician. The over-production of so-called scientific literature will come to an end when the practising physician is once more more highly esteemed than the scribbling practitioner.

We doctors have it in our power to determine the attitude of the scientist towards ourselves. Without the doctors the medical scientists are like a fiddle without strings or like a knife without a blade. We medical men lack the courage of our conviction. Bismarck once said that a man of common sense unable to read and write was preferable to a fool speaking and writing seven languages. Useless knowledge is not knowledge. The great pathologist Virchow wrote : "The advance of medicine has at all times been impeded by two factors, by the existence of so-called authorities and by the existence of fashionable medical theories."

I think I ought to interpolate a personal remark. I have been described as a disgraceful heretic because

of my book. Many German scientists have become my enemies. They were terribly shocked at my disclosures. At first men of science tried to kill my book by silence on the advice of a well-known professor in the South of Germany. When that attempt at destroying it had failed, attacks upon me were made from all sides. Unfairness and mendacity were employed. I was reproached with untruthfulness and with attempts to make money by sensational mis-statements. When these attacks proved unavailing they fired at me their heaviest guns and proclaimed authoritatively : " Dr. Liek should not be listened to, for he is quite unscientific." I am afraid that argument does not hold water, and the charge that I am an enemy of science is untrue. I do not despise science because I combat and condemn the present excrescences of science and the present methods of scientific mass production. The fact that I treat pseudo-scientific climbers and twaddlers with contempt does not show that I have neither respect nor affection towards true scientists.

Medical practice and medical science should go hand-in-hand. It is very regrettable that we practising physicians and surgeons are not sufficiently communicative about our experiences. There is an overwhelming output on the part of mere medical practitioners, but there are hardly any publications issued by true physicians. One is under the impression that the physicians are elbowed out of the way by mere shouters who advertise themselves. I personally am acquainted with a number of excellent physicians who possess all the gifts required in a medical writer, such as knowledge, experience, intelligence, self-criticism, learning and modesty. Such men could greatly advance the art of healing. Surgeons like myself see only severe cases of appendicitis, gallstones, etc., and thus we receive an entirely mistaken impression of the nature



of these diseases and hand on this false impression to others. On the other hand, physicians practising at the bedside see innumerable cases of appendicitis, gallstones, etc., of a milder character and they can follow the development of these diseases in their patients during decades and can therefore supply the most important information which we surgeons do not possess.

I would urge every physician who wishes to be active and creative to remember Goethe's warning that scientific activity should not exclude anything useful but should be all-embracing and should be animated with a knowledge of history, thoughts of the future, a lively imagination and the love of the beautiful. And in addition I would give a second piece of advice. No one should become scientifically active without being familiar with philosophy. In the words of Hans Driesch : "Philosophy without knowledge of the natural sciences is empty verbiage, and study of the natural sciences without philosophy is blind." Of course it is difficult for a hard-working practitioner to study abstract science if he has only a few hours of leisure in the evening. I myself have found the time to improve my knowledge only when I was advanced in years. I have studied Kant and Schopenhauer during the War of 1914-18, studying intently every morning a chapter until I had mastered it. Kant wrote a very obscure style, but there are translations of him into readable German, for instance, an excellent one made by Deycke.

If we inquire what attitude the physician should assume towards the various social insurance schemes my reply is very simple. Let us take a concrete case.

A young doctor who had been given a good training, who had acquired much knowledge and who possessed the peculiar gifts of the physician, established himself. After some practical experience he discovered that

fate had put before him the choice either to remain a physician and to treat his patients carefully in accordance with the dictates of his medical conscience and by the methods which he had been taught in the clinics, or to make money by treating large numbers of patients shoddily and badly as a panel doctor. As private practice had become unremunerative in consequence of the bad times caused by the War, the young doctor made up his mind that he would become a panel doctor and he made money. Some months afterwards the young panel doctor met a colleague who asked him how he was getting on. The reply was : "I am doing splendidly. I am overwhelmed with work. I have to see hundreds and last week I discovered to my joy a man among my numerous patients who was actually sick."

When I established myself twenty years ago I was much more fortunate. Being a surgeon, I was visited only by panel patients who were really ill, by people who had received injuries, who had been infected, who suffered from tumours, etc. Still, after two years practising as a panel surgeon I found it quite impossible to continue the work. The methods of shoddiness with which work had to be done violated my views regarding the task of a physician and the work seemed to me a sin against the spirit of our mission on earth. When I told other doctors that I had made up my mind that I would give up my panel practice, all prophesied that the result of my rashness would be disaster, that my waiting-room would be empty and that after a short time I should regret my decision and return once more to panel work.

At the time my financial position was a very bad one. I had no money, plenty of debts and no credit with tradesmen and others. Giving up my panel practice meant the reduction of my income to one-third. However, the pessimists were mistaken. Very



soon my waiting-room was better filled with ordinary patients than it was at the time of my panel practice. My financial worry disappeared. The reason for this change was obvious. By abandoning the shoddy mass treatment which I had undertaken at the beginning, I became a better physician. Once more I had time for myself and I was no longer compelled to attend to people who pretended that they wished to be examined and who shammed sickness. I was freed from the crowd of the insured who used to visit me in order to be able to draw doles on the strength of a mendacious medical certificate. At last I could treat those whom I wished to treat and could refuse to treat those whom I did not care to take in hand. I was once more a free man and could work with energy and joy. Several of my colleagues followed my example. Only one of them was sorry for his step and went back to panel practice.

In a preceding paragraph I have described the story of a young doctor who was given the choice to become a physician or a slave to panel practice and who chose the latter alternative. It is a great mistake to believe that such a case is a rare exception. On the contrary. I have often met men of excellent character who were true physicians, who were overwhelmed by the tragic struggle between their sense of duty and their need of bread. Such men often undertake a panel practice because they wish to avoid want and starvation for themselves and their families, but they accept a life of slavery with humiliation, feel ashamed of the worthlessness of their so-called medical activity in which they are engaged against their will and long for an occupation worthy of them in which they can fulfil their mission. Many of the medical slaves of the panel system are wearing themselves out, feeling contempt for their activity, hating and despising their occupation, but they are unable to break their

fetters. Thus the lives of many medical men are ruined and they try to escape from their degrading daily round by devoting themselves to their family or to scientific studies or by taking an interest in art, travelling, etc. Of course there are doctors engaged in panel practice who are business men pure and simple and who try to make money, and they say to themselves :

“ Of course we are not medical men, but we are making a living and it is quite satisfactory to be able to make both ends meet when around us there is so much distress among professional men. We have studied medicine and must therefore try to make a living out of medicine, and it is better to have our waiting-rooms filled with so-called panel patients who either want to draw doles or who complain about imaginary diseases, than have waiting-rooms intended for private patients who do not come.”

My readers must not believe that nowadays panel doctors can, as I did eighteen years ago, abandon panel practice and devote themselves to private patients. The position is infinitely more difficult than it was when I took the plunge. The bulk of the German middle-class has been ruined in consequence of the War and a large percentage of middle-class people who would be able to pay their doctors have been drawn into the vortex of national insurance, increasing the ever-growing army of panel patients.

Perhaps medical men can make a living outside the panel system if they cast away some of their preconceived ideas and prejudices. Some time before the War 80 per cent. of the medical men of Berlin did not earn enough to pay their way. I remember that a young doctor and his wife were fined because necessity had compelled them to steal firewood. Such things are very depressing. There has always been much hidden poverty among the medical men in the large towns. On the other hand, while the



towns are overcrowded with superfluous doctors and surgeons, there have always been numerous vacancies in the small towns and villages of the country which could not be filled. Struggling medical men are not compelled to live in large towns, such as Berlin. They might make a living in the country and they might eventually be enabled to practise in the big towns by taking up for a time positions in the country.

So much is sure that panel practice, as carried on nowadays, can furnish a substantial income to medical practitioners who are willing to give sham treatment to the patients, while conscientious physicians and surgeons trying to do good, honest and conscientious work under the various insurance schemes are bound to starve. A few days ago I read in one of the papers that the medical organization of Berlin has been informed that a number of medical men had been seen selling sausages at the railway stations and is investigating the facts. In the United States it frequently happens that students at the universities and professional men try to make money during the evening by acting as waiters, dish-washers, etc., and no one considers such activity derogatory to their profession. Among German medical men there is a strong feeling that such occupations are undignified and not reconcilable with the dignity of their profession.

The doctor's task in working under the social insurance schemes is made easier if he looks upon his duties from a higher standpoint, considering not so much the individual patients whom he has to treat, but looking at things from the broad point of view of the eugenist and biologist. At the same time the medical man must not forget that it is his duty to play the part of the physician, not that of the eugenist, and to do his best for the cripples, for the tuberculous, for epileptics, for idiots, although their existence and protection may threaten the health of the race. The

position is very different if the State interferes and creates organizations and institutions of a comprehensive character which are likely to undermine the racial health. We can meet that danger to some extent. We doctors can warn the authorities and the nation with all the emphasis in our power, and if our warnings are disregarded, we can refuse to co-operate with the authorities and can refuse to carry out a policy which we believe to be pernicious, however excellent may be the intentions of those who devised these pernicious measures. Medical men can, owing to their knowledge of biology and owing to their experience, point out those facts which are only too often overlooked by the authorities. For instance, we can point out that the elimination of the struggle of life frequently results in the elimination of life itself. The exaggerated care which is taken of the physical and moral welfare of the people leads inevitably to the physical and moral degradation of the people. We doctors might present the Ministry of Health with three magnificent sentences which were sent to me a little time ago by Dr. E. Bircher, a well-known Swiss physician. He wrote to me : " Insurance against accident destroys the will to work. Insurance against disease destroys the will to health. Old age insurance destroys the instinct of thrift among the people." One might perhaps add to these three sentences the fourth : " Germany lost the Great War because the moral character of the nation had been undermined by the social insurance system."

We learn from the *Journal of the American Medical Association*, published on the 1st February, 1919, that before the War the Americans seriously contemplated the introduction of social insurance schemes on the model of the German organization of national insurance. However, the Americans came to the conclusion that the disadvantages connected with



national insurance outweighed the advantages. Hence we find that at present the social legislation of the United States protects only the weak who actually require protection, particularly the youthful, the women and the children. Everything else is left to private initiative, and I would remind my readers that the great American undertakings have created organizations for the promotion of health, strength, thrift, housing, etc., which are models to the world. Things would be better in Germany if the national insurance organization was not managed by bureaucrats. It would be worth while replacing part of the bureaucrats by medical men.

Nowadays it is still possible for a doctor to break the fetters of the national insurance organization with which he is enchained. But it is a very risky thing to do it. At the Medical Congress held in Würzburg it was solemnly resolved: "The great task of the medical men consists in promoting the health of the nation." Acting on this great principle, the united medical men might simply refuse to work the social insurance legislation because it does not promote the health of the nation but promotes and creates widespread ill-health and malingering. I do not know whether such a step is still practicable. At any rate, both nations and learned professions are bound to suffer if they are compelled to wear the chains of slavery for long. Physical wounds and injuries may be cured, but it is not so easy to make good the injuries done to the spirit and character of a nation.

Unfortunately we cannot expect much from the medical organization, from the medical trade union. The professional organization is engaged in an unending struggle about trivialities. It tries unceasingly to secure petty advantages to medical men, such as the raising of minimum fees, improving the form

of contracts made with medical men and such-like things. The degradation of the medical profession cannot be stopped by securing to it petty advantages. Medical men should remember the old motto : " God helps those who help themselves."

Although in Chapter VI I have mercilessly criticized the present form of social insurance, I am, of course, aware that at present it is impossible to abolish that form of insurance altogether. Plato warned us that it is never possible to carry through completely an idea. The working masses have been dry nursed for so many years with regard to the so-called advantages of social insurance that cancellation of social insurance would mean civil war. However, conditions in America prove that a great nation can flourish without national insurance schemes.

Some time ago I read in the papers that the great American motor-car manufacturer, Henry Ford, was creating a branch establishment in Berlin, and that he would pay the usual American wages, which were from four to six times as high as the wages customary in Germany. Some secretaries of German trade unions called upon the manager of the Berlin factory and declared that the workers would be allowed to work only if the factory would pay their premiums relating to insurance against disease, accident, etc. Ford's representative coolly replied : " Very well, we shall pay the insurance premiums. I have not the slightest objection, but if I have to pay the customary insurance premiums I shall also only pay the customary wages." I do not know whether this anecdote is true. Still, the story might give us food for thought, particularly if we remember that in 1928 social insurance cost Germany £250,000,000 in round figures.

Let us assume that Germany should double or treble the expenditure on national insurance. Would



any man in his senses believe that still greater generosity towards the recipients would improve matters? In all probability conditions would be infinitely worse and the evil consequences of the system would be infinitely greater. Unless we succeed in some way or other to free the workers from the grandmotherly legislation which has been imposed on them, unless we succeed in making them once more independent men who are responsible for themselves and for their families, we shall continue increasing hypochondriasis and other imaginary diseases and real diseases as well, and the desire for doles on the part of those who have no claim to them. Physicians, economists, labour leaders, politicians and others cannot give enough thought to this matter. They must try to discover ways and means to escape from the social legislation labyrinth. In the meantime we doctors must make the following demands which represent the irreducible minimum :

(1) Sickness insurance must be strictly limited to those classes of the population which were originally intended to be benefited by them, namely, the wage-earners properly so-called. The inclusion of other sections of the population is a great national disaster, particularly for the insured themselves.

(2) The separate branches of national insurance, such as sickness insurance, accident insurance, invalidity insurance and unemployment insurance, must be combined into a single organism, enabling the simplification of the administration, and medical men should be invited to assist, both in the legislation concerned and in the administration and organization.

(3) Social insurance, as organized and managed at present, puts a premium on fraud and deception and induces self-respecting people to become dole drawers and pensioners without need. In every possible way the insured must be made responsible,

at least in part. For instance, in case of disease, beneficiaries should be compelled to contribute to the cost of medical assistance, medicines, bandages, etc.

A young colleague of mine made some time ago a very attractive proposal. He said that social insurance, as established at present, put a premium on disease, accident, invalidity, etc., induced people to become sick, to become incapacitated and so forth. He suggested that the opposite way should be tried and that premiums should be put, not on disease, but on health. For instance, those of the insured who, after a number of years, could show that they had maintained their health and working capacity should be allowed to claim the return of part of the insurance premiums they had paid.

All the well-meant proposals for improving matters suffer from a great defect. They come too late. The evil done to the people by social insurance has gone so far and has become so deeply rooted that small measures will not prove helpful. They will not prevent the further demoralization and degradation of the masses of the people, nor will they prevent the further degradation of medical men who, instead of being healers of men, are becoming more and more employees of the Ministry of Health and bureaucratic scribblers and fillers of forms.

It seems to me there is only one way out. Social insurance must be replaced by a different system, devised for the protection of the masses, a system of organization based upon biological and psychological facts. Perhaps we ought to create a kind of National Savings Bank based on compulsory contributions to that bank and causing the workers to insure themselves by practising the necessary thrift and providence. Official assistance should be given only to those members of the community



who are actually in want. A grandmotherly legislation should no longer be forced upon those who can look after themselves and their families to the great harm of their moral character and of their physical health.

If we now inquire into the question of over-specialization within the medical profession, it is useless to shed tears because of the disappearance of the family doctor. Specialization has become necessary and will remain necessary. Every day we receive proof that specialization is useful. However, the advantages enjoyed by specialists, who possess at the same time greater prestige and a greater income, entails upon specialists the obligation to widen their horizon. Nowadays specialists are apt to become exceedingly narrow. Specialists should keep in touch with all the other branches of the medical science and art, and they should always be aware that, although they may concentrate their attention upon some single part or organ, that part or organ belongs to a great harmoniously working and wonderfully organized entity. Unfortunately the medical schools and organizations actually encourage narrowness of views among specialists, forcing them to limit their attention to the specialty which they have selected. I am acquainted with two young professors. Both are excellent physicians and prominent investigators and scientists, who do not wish to concentrate exclusively upon their specialty. They have written very valuable works extraneous to the specialty which they have chosen and they have received friendly warnings from leading professors, urging them not to spoil their careers by branching out into subjects apart from their own specialty.

With regard to quackery, it is obvious that the existence of the medical profession is seriously threatened by the enormous increase in the number of unauthorized outside healers. Many medical men, and among them

some of the ablest, have loudly demanded official intervention and prohibition of unauthorized treatment by appropriate legislation. They demand that only qualified medical men should be entitled to treat patients. I do not share their point of view, as I have shown in the preceding chapter.

Heretics are no longer burnt on the stake. Therefore I make bold to say that I have sympathy for many quacks. From time to time I find that patients demanding a miracle cure come to me, that I fail in curing them and that ultimately they are cured by quacks. As I have shown in the previous chapter, I condemn the treatment of patients suffering from sexual disease on the part of quacks. Unauthorized treatment for venereal disease endangers the community.

The excrescences of quackery can very simply be dealt with. Medical men are responsible and are made responsible for their actions. A similar responsibility should be borne by all quacks. I have often been called upon to act as expert witness in lawsuits in which quacks were involved. These lawsuits always ended with the verdict "Not Guilty" in favour of the quack, because the accused had acted innocently, not culpably, not being aware of the consequences of his action because he lacked adequate medical training and knowledge. That is the usual decision of the judge, a decision which I have never been able to understand. If anyone undertakes to treat a sick human being he should, of course, be responsible for the consequences of his action or inaction. We doctors have this responsibility and non-doctors should be equally responsible.

Some excellent medical men, among them a professor of ophthalmology, have pointed out to me that unfortunately, my view was incorrect, that medical men are not really responsible for their action. If



medical men committed gross mistakes or were guilty of culpable negligence, they usually escaped punishment. I think it only just to mention this objection with which I agree. Responsibility for faults of commission and of omission should begin within the ranks of the medical men themselves.

In my opinion it is quite useless to forbid by law treatment of disease by outsiders. We doctors have to allow for two facts.

In the first place the physician's qualifications are not bound up with his professional qualifications, as established by law. We find among the unauthorized outside healers men who are true physicians and we find among authorized medical practitioners men who are mere quacks. The history of medicine shows that there are true physicians among the quacks, but such men are exceptional. It is very striking that as soon as matters become serious, as soon as a patient suffers from a dangerous infectious disease, the quack disappears from the sick-room. The fight against the great epidemic diseases, such as the plague, cholera, typhoid, etc., is waged exclusively by authorized medical men who risk their health and their life for the sick.

In the second place, the suffering individual seeks, not merely treatment in some form or other for his complaint, but he seeks something more which is refused to him by the medical profession as organized nowadays. He seeks personal interest in his case on the part of the medical man and a simple, natural method of cure which will not endanger his health. He will not find these things among the generality of medical practitioners, and particularly not among the panel doctors and panel surgeons who do shoddy work in a hurry. Let us not forget that we authorized, orthodox medical men have learned much from the despised quacks, such as Priessnitz, the inventor

of the water cure in every form, from Rickli, Hëssing, and others. We may also learn from quacks how to treat the sick individual as an individual, not merely as "a case." Everything that facilitates cure or enables us to cure should be utilized, regardless of the quarter whence it is recommended. Quacks will flourish only as long as patients are treated not by true physicians but merely by medical practitioners, devoid of the highest qualifications required in healers of men.

It may be objected that in every medical practitioner there is something of a physician. That is quite true, and when I reflect about the various qualifications, gifts and possibilities which are to be found in every one of us I am often reminded of the following little event in my life which impressed me greatly. I was called upon to do military service in the Army in 1898. When taking the usual oath, the officer who administered it to us recruits addressed to us a sentence which I can never forget. He said: "In every human character there is a certain element of rascality, but a decent fellow does not allow that slumbering rascality to develop and to dominate him." I often thought of this sentence during the course of the War, and these words may be applied to us doctors. In every medical man there is something of the physician, but many medical practitioners suppress that invaluable element in their make-up.

If we give up the soulless methods of healing characteristic of medical practitioners which I have criticized in this book, and if we become once more true physicians and earnest and devoted priests in the temple of health, the days of the quack are over. We should listen to the words of a German poet, R. H. Bartsch, who wrote:

"The plain rural doctor who, full of human kindness, warms the soul of the sick by his compassion and understand-



ing sympathy stands high above the great medical authority, the celebrated scientist, who, without any human feelings, scientifically examines the body of the patient and then tabulates his findings in his statistics."

One of my critics wrote me a letter in which he told me: "You have written a book condemning the bad medical man, the medical practitioner. Now you ought to sit down and write a book in praise of the true physician." My reply was: "That is quite unnecessary. The life and deeds of every true physician give more eloquent testimony than can be supplied by ponderous volumes." Let me point out the beautiful saying of Paracelsus, perhaps the most beautiful saying regarding the doctor's mission ever made: "The gift of healing comes from the heart, is God-given, gives light and warmth, is godliness coupled with experience, and the highest motive of the doctor is love of one's neighbour."

There are many thoughts which I might put down in addition, but further words seem unnecessary. Every medical man who has thought deeply about his mission, his duty and the needs of his fellow men, will be able to set to work on the lines I have indicated. Most institutions are changed or reformed by clumsy and incompetent hands. That may be seen by looking at the changes which have lately taken place in church and school, in economics and politics, etc. The result of these changes and so-called reforms has been disappointing. The more men promise and attempt, the less they achieve. We doctors have an easier task before us. We can disregard material conditions, outer circumstances and all the futilities to which men attach only too often an exaggerated importance. The true mission of the physician is the only thing that counts. If we wish to abolish the evils connected with the art of healing which I have described in this book and

which have converted the divine mission of the medical man into a caricature of what it ought to be, we need only follow the call of our conscience. "Helping and healing" must be our motto. That should be the thought animating every medical man.



By J. ELLIS BARKER

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